



## Case Study

### AYURVED APPROACH TO PUTRAGHNI YONIVYAPADA W.S.R. TO HABITUAL ABORTION DUE TO TORCH INFECTION: CASE STUDY

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Yonivyapada, Habitual  
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#### ABSTRACT

Pregnancy is the start of an incredible journey that leads to great emotional fulfilment to woman. Pregnancy loss is a physically and emotionally demanding for couples. Recurrent Pregnancy Loss (RPL) is also called as Recurrent Miscarriage or Habitual Abortion. It is defined as three consecutive pregnancy losses prior to 20 weeks of pregnancy from the last menstrual cycle (LMP). Putraghni is a condition where repeated pregnancy loss occurs because of Artava dosha, Rakta dosha, Ati raktasrava. The article is to understand the Putraghni Yonivyapada w.s.r. to habitual abortion caused due to TORCH Infection and to study the effect of Ayurvedic medicines in the management of Putraghni Yonivyapada w.s.r. to habitual abortion caused due to TORCH Infection. The method is the single arm, open labelled case study of the subject of 27 yrs age having repeated pregnancy loss who has been treated with Shamana Chikitsa throughout pregnancy, Matrabasti and Yonipichu in 8<sup>th</sup> and 9<sup>th</sup> months. Pregnancy continued with treatment. Antenatal visits and Ultrasonography observations gave positive outcomes with healthy foetal growth. Patient delivered a full term single live male baby vaginally on 27/10/2019 at 3:20PM with 2.8kg. No birth anomalies were detected. The selected treatment protocol i.e., Shamana Aushadha, Matrabasti and Yonipichu in 8<sup>th</sup> and 9<sup>th</sup> month are found very effective in the management of Putraghni Yonivyapada w.s.r. to habitual abortion caused due to TORCH Infection.

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#### INTRODUCTION

Repeated pregnancy loss is seen nowadays with presence of vaginal bleeding. Recurrent Abortion or Repeated Pregnancy Loss or Habitual Abortion or Miscarriage is defined as three or more consecutive pregnancy prior to 20 weeks of pregnancy from the last menstrual cycle (LMP) or with foetal weight < 500gm. Around 1% of fertile couples will experience recurrent early pregnancy losses<sup>[1]</sup>. In Ayurveda, Putraghni (Miscarriage) can be explained further as embryonic loss (Early miscarriage) when it occurs before 10 weeks and Foetal loss (Foetal miscarriage) when occurs after 10 weeks<sup>[2]</sup>. Habitual Abortion is characterised by at least three consecutive spontaneous abortions after conceiving from the same partner. Among all Yonivyapadas explained by Acharyas correlated

with Repeated Pregnancy Loss or Habitual Abortion or Miscarriage. As mentioned in Ayurvedic classics Madhura, Sheeta, Balya, Jeevaniya and Rasayana dravyas are helpful in preventing Garbhasrava and maintaining Pregnancy.<sup>[3]</sup> The article present a case of 27 year old female patient with history of Repeated pregnancy loss.

#### According To Ayurveda

#### Putraghni Yonivyapada

*Raukshaayad vayu yada garbham jatam jatam vinashayet |*

*Dusthta shonitajam naryaha putraghni nama sa mata || (Ch.Chi.30/28)*

Acharya Charaka states that Vayu gets aggravated due to predominance of Rooksha

properties (*Vata kara Ahara Vihara*) which destroys foetus repeatedly due to vitiated *Shonita* because of Vitiated *Vayu*<sup>[4]</sup>.

### **NIDANA**

*Acharya Sushruta* says that Coitus, travelling in carriage, riding on horse etc falling from height, staggering, compression, running, trauma by any weapon, suppression of urge, consumption of excessive dry, hot or pungent, diet, grief, diarrhoea, excessive use of *Kshara*, emetics, purgatives by all these factors foetus gets detached from uterus just like fruits by its stalk due to trauma thus it get aborted<sup>[5]</sup>.

### **SAMPRAPTI**

- *Nidana* administration
- *Vatadi Dosha Prakopa* (Vitiation of *Tridoshas*)  
*Charaka* – *Vata* predominance  
*Sushruta* – *Pitta* predominance
- Reaches to *Garbhashaya*
- *Garbh Vinasha* (Abortion)

**Dosha**–*Vata* predominance *Pitta*

**Dushya**– *Garbha* (*Charaka* and *Sushruta*)

**Sthana**– *Yoni* (*Garbhashaya*)

**Roopa**– *Sthitam Sthitam Hanti Garbham*  
(Repeated destruction of foetus)

As it describes about consecutive repeated foetal loss thus correlated with Habitual Abortion or Miscarriage.

### **TREATMENT (GENERAL)**

- *Garbhasthapaka gana* drugs
- *Madhura, Sheeta, Balya, Jeevaniya* and *Rasayana dravyas* are helpful in preventing *Garbhasrava* and maintaining pregnancy.

### **CASE REPORT**

**Name** – Xyz

**Age** – 27 Yrs

**Occupation**– Housewife

**Socioeconomic Status**– Middle

Chief complaint – Came on 7<sup>th</sup> March 2019 with 1 and ½ month with per vaginal spotting since 2 days along with stress and fear of previous 4 abortions.

### **Present Menstrual History**

LMP – 19/1/2019

Urine Pregnancy Test–Positive (done on 2<sup>nd</sup> March 2019)

Gestational age (GA) By Date–6 weeks + 5 days

EDD–26/10/19

**Past Menstrual History (Before 1 and ½ month)**

**Investigation (Female) – (8/3/2019)**

Menarche at 14 years of age

4- 5 days / 28 - 30 days

2 - 3 pad / day

Regular

Moderate flow

No dysmenorrhoea

### **Obstetric History**

Married since 5 years (16 February 2013)

Score=G5 P0 A4 D0

G1 A1=1 month Spontaneous Abortion (Dec 2014)

G2 A2=2 month Spontaneous Abortion (June 2015) D & C done

G3 A3=1 month Spontaneous Abortion (Feb 2016)

G4 A4=1 and ½ month Spontaneous Abortion (Sep 2017) D & C done

G5=Present Pregnancy – Bleeding since 2 days

### **Past History**

No H/O of DM/HTN/BA/Hypothyroidism

No H/O of Any previous Major illness and Surgery.

### **General Examination**

Pulse–76/min Blood pressure – 126/82mmHg

Respiration rate 20/min Height – 160 cm

Weight–62 kg BMI – 24.22 (Normal)

Temperature–98.6 Body Build – Average

*Jimha* (Toungue)–*Ishata Sama* (Slightly coated)

No Pallor/ Oedema/ Icterus/ Cyanosis/ Clubbing/ Lymphadenopathy

*Mala*–once a day *Mutra*– 10 times a day, once at night if

*Shabda*– *Avishesha Sparsha*– *Anushna Sheera*

*Drika*– *Avishesha Akriti*– *Madhyama*

*Prakriti*– *Vata Pittaja Sara*– *Madhyama*

*Vikriti*– *Madhyama Bala*– *Madhyama*

*Samhanana*– *Madhyama Satmya*– *Vyamishra*

*Satva*– *Madhyama Pramana*– *Madhyama*

*Ahara Shakti*– *Madhyama Jarana Shakti*– *Madhyama*

*Vyayama Shakti*– *Avara Vaya*– *Madhyama*

### **Systemic Examination**

RS / CVS / CNS - Normal

**Per Abdomen** – Soft, No tender, L0 S0 K0

**Per Vagina**

Per vaginal blood spots are present.

Hb	11.8gm/dl	T3	91.13 ng/dl
TLC	9,600/cumm	T4	7.34 ng/dl
RBC	4.01 Mill/uL	Sr TSH	4.02 Ulu/ml
ESR	22 mm in 1 hr	Montoux test	2 x 2 mm (N)
PLT	2,77,000/cumm	LA	31.51 (N)
Blood group	A + ve	ACL	4.2 (N)
FBS	98 mg/dl	Urine Pus cells	Nil
		Epi cells	1 - 2 /hpf
BT/CT	2 min 30 sec /5 min 30 sec	HIV/VDRL/HBsAg	Non - Reactive
Total Bilirubin	0.35 mg/dl	Direct Bilirubin	0.07 mg/dl
Albumin	3.3 gmdl	Indirect Bilirubin	0.30 mg/dl
Globulin	4.0gm/dl	AG Ration	0.825
SGOT	15.3 IU/L	SGPT	19.1 IU/L
Gamma GT	6.10 IU/L	Alkaline Phosphatase	168.5 IU/L
FSH	7.82 mIU/ml	LH	16.82 mIU/ml
Prolactin	8.11 ng/ml	AMH	1 ng/ml

TORCH Test done on (8/3/2019)	IGM	ICG
Toxopasmosis	0.18 COI	18.60 MU/ml
Rubella	0.23 COI	15.600 MU/ml
Cytomegalo virus	0.25 COI	6.95 MU/ml
Herpes simplex - 1	0.50 Index Value	8.20 Index Value
Herpes simplex - 2	0.46 Index Value	6.11 Index Value

#### INVESTIGATIONS [MALE] - (8/3/2019)

Hb	14.3gm/dl	TLC	10,600/cumm
RBC	4.25 Mill/uL	ESR	21 mm in 1 hr
PLT	2,64,000/cumm	Blood group	O + ve
BT/CT	3 min 20 sec /4 min 35 sec	Semen Analysis	Normospermia
FBS	98 mg/dl	HIV/VDRL/HBsAg	Non - Reactive

#### TREATMENT

- 1) Counselling of the patient and her husband done.
- 2) According to *Dosha, Koshtha, Kala* and *Dosha Avastha, Deepana, Pachana* done.
- 3) *Shaman Shikitsa*

Drug	Dose	Duration	Anupana
<i>Phalasarpi</i>	2 tsp BD	Morning and Evening after breakfast	<i>Koshna Ksheera</i> (Warm Milk)
<i>Hingwashtaka churna</i>	1 gm BD	Before meal	<i>Koshna Jala</i> (Warm Water)
Cap Torchnil	1 Tab OD	After Breakfast	<i>Koshna Jala</i> (Warm Water)
<i>Garbhapala Rasa</i>	1 Tab OD	Morning and Evening after breakfast	<i>Koshna Ksheera</i> (Warm Milk)
<i>Gandharva Haritaki</i>	2 tab HS	Before Bed	<i>Koshna Jala</i> (Warm Water)

Above treatment was given throughout pregnancy.

#### Basti Treatment (on 8<sup>th</sup> and 9<sup>th</sup> month)

- 1) *Sthanik Snehana* With *Tila Taila* And *Swedana* With *Dashamoola Kwatha*

- 2) *Matrabasti* given in 8<sup>th</sup> and 9<sup>th</sup> Month with 60ml *Kalyanaka Ghrita* for 7 days followed by *Yonipichu* soaked in 20ml *Bala Taila*.

**Other Treatment**

- 1) Folic acid given 1 tab once a day from 7/3/2019 till 22/4/2019.
- 2) Iron and Calcium supplementations are kept from 23/4/2019 till delivery.
- 3) Pregnancy continued without any signs of abortion and bleeding.
- 4) Foetus was healthy with normal growth.

**FOLLOW UP**

ANC check-up till delivery and their monthly follow up taken.

**OBSERVATION****USG REPORTS****1) Date-07/03/2019**

Early single live intrauterine pregnancy of 6 weeks 5 days

**2) Date-21/04/2019 (Nuchal Translucency Scan)**

Single live intrauterine pregnancy of 13 weeks 1 day.

Nasal Bone= NT= 1.3 mm

No any foetal anomalies detected.

Placenta – Anteriorly grade 0

Liquor – Adequate

**Double Marker Test**

PAPP A = 9.23 mIU/ml

Free  $\beta$  hcg = 76.7 ng/ml

Age risk = 1.10

Biochemical T21 risk = 1.2083

Combined Trisomy 21 risk < 1.1

Trisomy 13 + Trisomy 18 + NT < 1:1

Thus from above calculation Trisomy 21 is below the line which is low risk.

**3) Date – 13/06/2019 (Anomaly Scan)**

Single live intrauterine pregnancy of 20 weeks 5 days.

Cephalic presentation

FHS – 142 bpm

Placenta –Anterior grade 0

AFI – Adequate

EFW – 345 +/- 450 grams

**4) Date – 24/09/2019**

Single live intrauterine pregnancy of 35 weeks 2 days.

Position – Cephalic

Cervix – Closed

FHS – 152bpm

Foetal cardiac activity and movements present.

Placenta – Fundal Anterior grade II maturity

AFI – 10 cm

EFW – 2785 +/- 450 grams

**RESULT**

Patient delivered a full term single live male baby vaginally on 27/10/2019 at 3:20PM with 2.8kg.

No any birth anomalies were detected

**DISCUSSION**

Becoming mother is the most cherished dream of all women. *Rutu, Kshetra, Ambu* and *Beeja* are the 4 essential factors for fertility<sup>[6]</sup>. Defect in any of these results in *Vandhyatva* (Infertility). *Vata* is the prime cause of any Abortion. In *Putraghni Yonivyapada* (Habitual Abortion) *Kshetra* and *Beeja* plays major role. Habitual Abortion takes place due to *Ruksha Ahara* and *Vihara*<sup>[7]</sup> thus leads to *Vata Prakopa* which in turn causes *Shonita* and *Artava Dushti* results in *Garbha Vinasha* (Foetal loss)<sup>[8]</sup>. *Acharya Sushruta* has explained in *Putraghni Vyapada Pitta Dushti* causes abortion as *Pitta* is *Ushna* (hot), *Tikshna* which doesn't support maintenance of *Garbha*<sup>[9]</sup>.

Thus medicines used in this study have *Garbhasthapaka Gana* and are *Madhura, Madhura, Sheeta, Balya, Jeevaniya* and *Rasayana* thus helps in preventing *Garbhasrava* and maintaining pregnancy. *Phalaghrita* helps the woman to achieve conception and cures female genital tract disorder. It is *Vatahara, Balya, Brimhaniya, Garbhada* and *Rasayana* thus helps in nourishment of reproductive organs and baby later. It works as *Prajasthapaka* and *Yonipradosha Shamaka* properties. It also helps in proper development of endometrium, follicles results in healthy progeny. It reduces the infection of reproductive organs. The oral administration of *Hingwashtakachurna* has *Deepana* and *Pachana* properties. Also *Hingu* possess *Stripushpajana*.<sup>[10]</sup> It also works on *Annavaahasrotasa* which is a main base of any disease through it *Agnideepana* leads to formation of healthy *Ahararasa* results in good nutrition to *Rasa Dhatu* and later on *Raja* and *Stanya Upadhatus*. The Torchnil capsule having antioxidant action which corrects the oxidative damage at the placental level thus prevents abortion. It has *Yashtimadhu* (*Glycerrhiza Glabra*), *Guduchi* (*Tinospora Cordifolia*), *Laghu Kantakari* (*Solanum Xanthocarpum*), *Brihat Kantakari* (*Solanum Indicum*) and *Pippali* (*Piper Longum*) etc, which are antiviral and antimicrobial in nature thus acts as immunomodulatory. *Garbhapala Rasa* gives sustaining effect by preventing foetal loss. It also helps in disorders during pregnancy such as *Shiroshula* (headache), *Chhardi* (vomiting), *Atisara* (diarrhoea) and *Unmada* (hysteria), Eclampsia etc.

*Gandharva Haritaki* is given as a purpose for *Mridu Virechana* has direct effect on *Agnisthana* as hampered *Agni* is the one of the initiating factor thus causing vitiation of *Raja*. It pacifies the vitiated *Vata* and *Kapha Dosha* and reduces aggravated *Pitta* and thus do *Raktashodhana* by eliminating waste products and toxins. *Kalyanaka Ghrita* helps in minimising local inflammation and infection. Due to *Madhura Rasa* and *Brinhana* property it improves endometrial thickness and maintains hormonal assay<sup>[11]</sup>.

## CONCLUSION

Habitual abortion due to TORCH infection is a common complication leading to maternal morbidity. It is a big emotional setback to couple. Although many work has been done in field but exact cause has not yet elicited<sup>[12]</sup>. TORCH infections are the one among the major cause for early pregnancy loss and congenital birth defect. It is increasing day to day life due to modern stressful lifestyle and food habits which later on causes infection. Based on assessment of *Doshas* and *Dhatus* a likewise treatment is mentioned in this case. All the medicines were *Garbhasthapaka*, *Rasayana* and *Balya* properties, which helps to maintain pregnancy and promotes growth of foetus also these drugs who works as *Garbhasthapaka* and nutritious for foetus.

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