ROLE OF VIRECHANA KARMA INPUTRAGHNI YONI VYAPAD W.S.R TO HABITUAL ABORTION - A CASE STUDY

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ABSTRACT

Putraghniyonivyapad is a type of pittajayonivyapad that occurs due to vitiation of dush-tashonita (i.e. artava), it leads to repeated death of child after attaining stability of foetus. This phenomenon can occur repeatedly which is called as Habitual Abortion. Habitual or recurrent abortion leads to secondary infertility. It is due to chromosomal abnormalities or other genetic causes, metabolic disorders, structural defects of the cervix or uterus, immunological disorders & environmental factors. TORCH (Toxoplasmosis, Rubella, Cytomegalo virus, Herpes simplex) infection is one of the possible causes which may cause repeated pregnancy loss. To have a successful motherhood, continuation of pregnancy till term is equally important as achieving conception. But sometimes the foetus will be expelled out of the womb before the period of viability. While explaining the treatment for yonivapadchikitsa it is mentioned that pancakarma is the best line of chikitsa. So in this article a case of positive TORCH infection with repeated pregnancy loss treated successfully with Virechana karma is discussed.

Keywords: Habitual abortion, Putraghni, TORCH.

INTRODUCTION

A condition where there are three or more consecutive pregnancy losses at 20 weeks or less or with foetal weight less than 500 gms is termed as recurrent pregnancy loss or habitual abortion¹ The causes of recurrent pregnancy loss are genetic factors, endocrinical factors, immunological factors, idiopathic, anatomical factors & infectious causes². And the other causes are environmental factors like
intake of coffee/tea, alcohol, nutritional deficiency, life style changes, obesity & others.

Infections in pregnant women are an important cause of foetal & neonatal mortality & morbidity. Foetal infection can be caused by virus, bacteria & parasite. In these, TORCH (Toxoplasmosis, Rubella, Cytomegalovirus, Herpes simplex virus) infection is one which crosses the placental barrier effects foetus in the form of foetal loss, structural anomalies & developmental defects. Putraghniyoni vyapad is one among twenty yonivyapad it occurs due to vitiation of shonitadusti leads to destruction of foetus. When yonivyapad is not treated in time it leads to Vandhytwa. As explained in classics panchakarma is the line of treatment for yonivyapad & Jeevaniya, Balya, Rasayanadravyas are helpful in maintenance of pregnancy. Hence in this article a case of repeated pregnancy loss occurs due to TORCH infection is treated with virechana karma & Ayurvedic medication has been discussed.

AIMS & OBJECTIVES:
- To understand the cause & pathophysiology of Putraghniyoni vyapad w.s.r to Habitual abortion
- To evaluate the efficacy of virechana karma in Putraghniyoniyiyapaddue to TORCH infection.

CASE REPORT:
A 25 year old female patient, who is a house wife visited to the OPD of PrasootiTantraand streeroga of SDM college of Ayurveda & Hospital Hassan, on 1st August 2013 with complaints of anxious to conceive since 2yrs. Associated with irregular menstruation since 2yrs. Patient was having irregular menstrual cycle of 3-4 days / 45 – 60 days.

PAST HISTORY:
No H/O DM/HTN/hypo / hyperthyroidism / any other major / minor surgical & medical history

FAMILY HISTORY:
No H/O of consagenous marriage. All the family members are said to be healthy.

MENSTRUAL HISTORY:
Menarche: 12yrs
LMP: 29/07/13
Menstrual history: 3-4 days / 45-60days (since 2yrs), 2-3 pads/day. Dysmenorrhoea present associated with clots / foul smell.
Married life: 2yrs

OSTETRICAL HISTORY:
H/O of 2 spontaneous abortion at 1 ½ month & 2 ½ month.

GENERAL EXAMINATION:
- Built: moderate
- Nourishment: Moderate
- Pulse: 72 b / min
- BP: 120/80 mm of Hg
- Temperature: 98.4 F
- Respiratory Rate: 18 cycles / minute
- Height: 150 cm
- Weight: 58 kg
- Tongue: coated
- Pal-lor/Icterus/Cyanosis/Clubbing/Oedema/Lymphadenopathy: Absent

SYSTEMIC EXAMINATION:
- CVS: S1 S2 heard no murmurs
• RS: normal vesicular breathing sound present
• CNS: well oriented & conscious
• P/A: soft, no tenderness, no organomegaly.
• Bimanual examination: Uterus Anteverted / Ante flexed / Normal size / Fornices free
• Per speculum examination: vagina normal; cervix healthy, no white discharge / erosion

ASHTA VIDHA PARIKSHA:
• Nadi - 72 b/min
• Mala - Once / day
• Mutra – 3-4 times/day
• Jivha – lipta
• Shabda – prakrutha
• Sparsha - AnushnaSheeta.
• Druk – prakrutha
• Akriti - Madhyama.

DASHA VIDHA PARIKSHA
• Prakruti – Vatakaphaja
• Vikruti – Madhyama
• Bala – Madhyama
• Sara – Madhyama
• Samhanana – Madhyama
• Satmya – Mishra rasa satmya
• Satva – Madhyama
• Aharashakti – Abhyavaranashakti – Madhyama
• Jaranashakti – Madhyama
• Vyayamashakti – madhyama
• Vaya – Madhyama

INVESTIGATIONS:
Ultra-sonography of abdomen & pelvis: normal study.
Thyroid function test: 1.97 MIU/ML (28/01/12)

Table 1: TORCH TEST REPORT

<table>
<thead>
<tr>
<th>Before treatment (28/01/12)</th>
<th>After treatment (24/08/13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toxoplasmosis: 12.2IU/ML</td>
<td>Cytomegalovirus: 171.4 RU/mL</td>
</tr>
<tr>
<td>Cardiolipin antibody IgM– 0.93mpl/m</td>
<td>Cytomegalovirus: 171.4 RU/mL</td>
</tr>
<tr>
<td>Rubella IgG: 156.06 RU/mL</td>
<td>Rubella: 104.3 Iu/mL</td>
</tr>
<tr>
<td>Cytomegalovirus: 254 RU/mL</td>
<td></td>
</tr>
</tbody>
</table>

TREATMENT:

Table 2: Deepanapachana with chitrakadivati for 3 days given.

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment given</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/08/13 to 08/08/13</td>
<td>Snehapana with sukumaragritha</td>
<td>Samyaksnigdhalakshana observed.</td>
</tr>
<tr>
<td>09/08/13 to 10/08/13</td>
<td>Sarvangaabhyanga with ksheerabalataila</td>
<td></td>
</tr>
<tr>
<td>11/08/13</td>
<td>Virechana with trivruttleya 80gms with drakshaKashaya 100 ML</td>
<td>No of virechanavegas : 18 Madhyamashuddhi</td>
</tr>
<tr>
<td>After virechana</td>
<td>Pushpadanwa rasa 2tid along with phalagraitha ½ tsf before food for 3 months.</td>
<td>Amenorrhoea of 1 ½ month. LMP on 25/01/14. UPT test was positive.</td>
</tr>
<tr>
<td>Patient was under regular antenatal check-up throughout pregnancy</td>
<td>Advised folic acid supplementation &amp; progesterone supplementation for 3 months.</td>
<td>Pregnancy continued without abortion. Fetus was healthy &amp; normal growth observed</td>
</tr>
</tbody>
</table>
DIAGNOSIS:
Putraghniyonivyapad due to TORCH infection.

TREATMENT OUTCOME:
Patient delivered a single live male baby through LSCS, on 13/10/2014. Baby weight 3.8kg. No anomalies observed.

DISCUSSION
Acharyas are mentioned for achieving healthy conception five factors are responsible i.e. nimitta, Atma, Prakruthi, vriddhi & kukshipramana of garbha. vata is the major cause for yonivyapad. When there vitiation of beejadosha & arthavadosha it leads to Putraghni yonivyapad. In Putraghni yoni vyapadvata gets aggravated by the rukshahara & vataviharas. Rukshaguna of vata&dustaraktha are the main factors, vitiated vata may affect the ovum at the time of conception or it may affect the foetus later on & cause abortion. Acharyasushruta explained that pitta dusti is the cause for putraghni yoni vyapad. Due to the usna, teekshnaguna of pitta dosha hampers the growth & maintenance of garbha.

Sukumara gritha indicated in all types of yoni roga & vataroga. Virechana karma eliminates pitta dosha & does srotoshodana. Hence in this case vatadosha & pitta dosha is affecting garbha, so as per opinion of acharyasvirechana is advised. Thus the treatment is planned on the basis of Ayurveda principles.

MODE OF ACTION OF VIRECHANA:
The virechanadravyas have the gunas like usna, tikshna, sukshma, vyavayi, vikasi. Due to their vyavayiguna they get circulated quickly into large and small blood vessels of the body. Due to vikasiguna, the malas are detached from their respective dhatus. By virtue of its usna and teekshnagunas the accumulated doshas get liquefied and disintegrate into small particles of cellular level. Owing to the presence of sukshmaguna the malasor doshas start floating because the body has already attained samyaksnigdhata and then through the smallest capillaries which go towards koshta the vitiated doshas and malas ultimately reach amashaya. And from here due to the predominance of prithvi and jalamahabhoota they are expelled in downward direction through anal route.

CONCLUSION
As compared to earlier the incidence of RPL & incidence of TORCH infections increasing that may be because of changes in life style, change in food habits & environmental changes. In many cases of RPL even after knowing the causes the treatment is difficult, but in Ayurveda the treatment is good & gives a success rate. So in this case for detoxification of doshas virechana advised, gives a positive. So, she delivers a live male baby without any congenital anomalies.

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