

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

Dr. Naveen B S¹ Dr. Vaishali Dave² Dr. Sunita Siddesha³

¹PG scholar, ²PG scholar, ³Professor and HOD,

Dept. of PG studies in PTSR, SKAMCH & RC, Bangalore, Karnataka, India

ABSTRACT

Habitual abortion is defined as three or more consecutive pregnancy losses before 20 weeks of gestation and affects 1% of couples trying to conceive. To have a successful motherhood, continuation of pregnancy till term is as important as achieving conception. But sometimes the foetus will be expelled out of the womb before the period of viability. This phenomena can occur repeatedly which is called as *Putraghni*, and it can be compared with Habitual abortion. It is a heterogeneous condition with a number of possible underlying causes; TORCH (*Toxoplasmosis, Rubella, Cytomegalo virus, Herpes simplex*) infection is one of the possible causes which may cause repeated pregnancy losses. In this article a case of positive TORCH infection with repeated pregnancy loss treated successfully with *Ayurvedic* medications is discussed.

Keywords: Habitual abortion, *Putraghni*, TORCH, Repeated pregnancy loss.

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. Such repeated pregnancy loss following excessive vaginal bleeding is the commonest problem being observed in patients approaching OPD now a days. Recurrent abortion is defined as three or more consecutive pregnancy losses at 20 weeks of gestational age or with a fetal weight < 500 grams. There are number of causes which can be responsible for repeated pregnancy loss like anatomical abnormalities of reproductive system, chromosomal abnormalities, endocrinal factors, immune factors, life style factors, ovarian factors, various infections etc¹. And other causes like environmental toxins, extremes of nutrition like severe dietary deficiency and

morbid obesity etc. Also acts as contributory factors. TORCH² (*Toxoplasmosis, Rubella, Cytomegalo virus, Herpes simplex*) infection is one of the possible cause which may cause repeated pregnancy losses. *Putraghni*³ is one among the *yonivyapad* explained by our acharyas where there is a repeated pregnancy loss. All *yonivyapad* can lead to *vandhyatva* as complication in a due course of time if left untreated. As explained in classics *Madhura sheeta veerya, Balya, Jeevaniya* and *Rasayana dravya* are helpful in preventing *garbha srava* and maintaining pregnancy⁴. Hence in this article a case of repeated pregnancy loss caused due to TORCH infection is treated successfully with *Ayurvedic* medication has been discussed.

Aims and objectives:

1. To understand the *Putraghni yoni vyapad*

W.S.R to habitual abortion caused due to TORCH infection.

2. To access the effect of *Ayurvedic* medicines in the management of *putraghni yoni vya-pad* W.S.R to habitual abortion caused due to TORCH infection.

Case report:

A 25 year old female hindu patient, who is a house wife visited to the OPD of dept. of *Pra-sooti Tantra* and *stree roga* of SKAMCH & RC on 6th February 2016 with complaints of 1 & ½ months of amenorrhea, with spotting p/v since 1day, and increased fear and anxiety of abortion as she had previous 3 abortions.

Patient was having regular menstrual cycle of 4-5/28-30 days. She got her last menses on 21st of Dec 2015 and she did not have her menses in January, so 1 week back she has done urine pregnancy test at home which was positive, but since yesterday night she is having spotting p/v and as patient had previous 3 abortions, she has fear and anxiety of again getting abortion. So for these complaints and for proper antenatal care she consulted to SKAMC hospital.

Past history: No H/O DM/HTN/hypo-hyperthyroidism or any other major medical or surgical history.

Past abortion history:

Patient was apparently healthy before 4 years, she got married 4 years back (dec 2011) and she got conceived 3 years back (dec 2012), 2 months after conception (feb 2013) she observed spotting p/v and after 2 days bleeding increased and she had spontaneous abortion. After 1st abortion she got her menses after 1 & ½ months (april 2013) and again she got conceived after 6 months (octbr 2013), during this pregnancy she was under regular ANC check-up for 2months but after 2 & ½ months (dec 2013) she observed sudden passing of big clots p/v. on that day she consulted an obstetrician and she was advised for scanning and in that it was spontaneous abortion. After 2nd

abortion she got her menses after 2 months and the couple were advised to use barrier method of contraception for 6months (but they have used contraceptives for 1year from dec 2013 to dec 2014). They left using contraceptives 1 year back. After 4 months (april 2015) she got conceived and in 2nd month of her pregnancy she underwent for scanning (details are not available) and as the product of conception was not properly formed she was advised to undergo D & C, 2 months after D & C she got her menses.

Family history: No history of same illness in any of the family members.

Menstrual history: Menarche at - 13 yrs of age

Menstrual cycle -4-5/28-30 days

No. of pads or clothes/day - 2-3 pads/day

LMP- 21-12-15

EDD- 28-9-16

O/H:G-4, P-0, A-3, L-0

A1- spontaneous abortion at 2months of pregnancy, 2 year 10 months back.

A2- spontaneous abortion at 2 ½ months of pregnancy, 2 years back.

A3- D & C done at 2 months of pregnancy, 5 months back.

General examination

- Built : Moderate
- Nourishment : Moderate
- Pulse : 76 b / min
- BP : 130/80 mm of Hg
- Temperature : 98.4 F
- Respiratory Rate : 15 / minute
- Height : 153cm
- Weight : 45 kg
- Tongue : slightly coated
- Pal-
lor/Icterus/Cyanosis/Clubbing/Edema/Lym
phadenopathy : Absent

Systemic examination

- CVS: S1 S2 Normal
- CNS: Well oriented, conscious.

- RS: normal vesicular breathing, no added sounds
- P/A- Soft, no tenderness, no organomegaly

Ashta Vidha Pariksha:

- Nadi - 76 b / min
- Mala - Once / day,
- Mutra – 5-6 times a day, once at night occasionally.
- Jivha - Alipta
- Shabda – Avishesha
- Sparsha - Anushna Sheeta.
- Druk - Avishesha
- Akriti - Madhyama.

Dasha vidha pariksha

- Prakruti – vata pittaja
- Vikruti – Madhyama
- Bala – Madhyama
- Sara – Madhyama
- Samhanana – Madhyama
- Satmya – Vyamishra
- Satva – Madhyama
- Pramana – Madhyama

- Ahara shakti – Abhyavarana shakti – Madhyama
- Jarana shakti – Madhyama
- Vyayama shakti – Avara
- Vaya – Madhyama

Investigations:

- UPT- positive (done on 1st feb 2016)
- TORCH test- done on 6/2/16
- Cytomegalo virus- IgG- Reactive, IgM- Non reactive
- Rubella- IgG- Positive, IgM- Negative
- Toxoplasmosis- (IgG & IgM)- Non reactive
- Herpes simplex- Negative
- Blood group & Rh- B +ve
- Hb%- 12.7gm% } done on 7/5/16
- RBS- 65mg/dl }
- BT-2 min 15sec }
- CT-5 min 20sec }
- HIV- Negative
- HBsAg- Negative

- VDRL- Negative
- Urine routine- protein- Traces, other parameters are normal
- USG- 6th feb 2016- early single live intrauterine pregnancy of sonographic age 8 wks 6days.
- USG- 7th may 2016- single live pregnancy of sonographic gestational age 18-19weeks, no fetal anomalies detected, placenta- right lateral, liquor-adequate, FHR- 130 b/min.
- 23rd august 2016- single live pregnancy of sonographic gestational age 34-35weeks,

in breech presentation with adequate liquor and BPP-8/8, EFW-2315grams.

- Urine routine- protein- traces
- Blood urea- 11.3mg/dl
- Sr. creatinine- 0.67mg/dl
- LFT- Total bilirubin- 0.34mg/dl
- Direct bilirubin- 0.06mg/dl, Indirect bilirubin- 0.28mg/dl
- Total protein- 8.68 gm/dl, Albumin- 3.6 gm/dl, Globulin- 5.0gm/dl
- AG ratio- 0.7, SGOT- 16.4 U/L, SGPT- 13.5 U/L, Gamma GT- 6.14 U/L
- Alkaline phosphatase-195.5 U/L

DATE	TREATEMENT GIVEN	OBSERVATIONS
06/02/16 To Throughout the pregnancy	<ul style="list-style-type: none"> • Phalasarpi, 1tsf BD with warm water B/F. • Cap.Torchnil 1 BD (A/F) • Garbha raksha Kashaya, 1tsf BD 	<p>Pregnancy continued without any signs of abortion.</p> <p>Fetus was healthy and normal growth of fetus was observed.</p>
Patient was under regular ANC check up till delivery.	<ul style="list-style-type: none"> • Folic acid supplementation, 1 OD, from 6-2-16 till 21-3-16. • Iron and Calcium tablets, both 1 OD from 22-3-16 till delivery. • During ANC she have been treated symptomatically for minor health problems 	A healthy live female baby was delivered by LSCS, and baby don't have any congenital anomalies.

Daignosis:

Putraghni yonivyapat/ Habitual abortion due to TORCH infection

Intervention

Treatment outcome:

Patient delivered a single live female baby through LSCS, on 25-8-16 at 5:50PM, baby weighs 2.4kg, and no any birth anomalies were detected.

DISCUSSION

Motherhood is the most cherished dream of all women. *Rutu, kshetra, ambu* and *beeja* are the 4 essential factors for fertility⁵. *Dusti* in any of these results in *vandhyatva*. *Vata* is the prime cause for abortion. *Kshetra* and *beeja* play a major role in conditions such as *Putraghni*. *Putraghni* is a clinical entity characterised by repeated pregnancy loss due to excessive intake of *rooksha ahara vihara*. This leads to *vata prakopa* which in turn leads to *shonita dusti* and *artava dusti* which results in repeated *vinasha* of *garbha*^{6,7}. Looking at *nidana* one can say that *rooksha guna* of *ahara* does *rookshana* of the *shonita* as well as *garbhashaya* and *yoni*. All our acharyas while explaining *garbhini paricharya* as well as *garbha sthapana dravyas* have emphasized on *madhura* and *snehayukta ahara* which counteracts the qualities of *vata*. Acharya *sushruta* explained that *pitta dusti* is the cause for *putraghni yoni vyapat*⁸. *Pitta dosha* hav-

ing *ushna teekshna guna* does not support formation as well as maintenance of *garbha*. Hence taking the opinion of both Acharya *charaka* and *sushruta* one can understand that both *vata* and *pitta pradhana* environment does not support the maintenance of pregnancy.

The medicines which are used in this case most of them contains drugs of *Garbha sthapaka Ghana*, they are mostly of *Madhura rasa, sheeta veerya, Balya, Jeevaniya* and *Rasayana dravya* & are helpful in preventing *garbha srava* and maintaining pregnancy.

In this case *Phalaghrita*⁹, *Torchnil capsules*¹⁰ and *Garbha raksha kashaya*¹¹ has been prescribed throughout the pregnancy. *Phalaghrita* is mainly indicated in *Garbhasrava* and *Garbhapata* so it prevent abortion. Most of the ingredients in *Phalaghrita* & *Garbha raksha kashaya* are *Madhura, Jeevaniya, Balya* and *Rasayana* and hence helps in pre-

venting abortion and maintaining pregnancy. In Torchnil capsules all the ingredients are mostly *Madhura rasa* and *Rasayana*, it acts by correcting oxidative damage at the placental level, it combats immune complexes, Promotes pregnancy, acts as anti- viral and anti-microbial, it also acts as an immune modulator.

Thus the treatment which is given to the patient is mainly on the basis of Ayurvedic basic principles. It has helped the patient very well and outcome of the treatment was very promising.

CONCLUSION

The strong basic principles of ayurveda hold good till today. As compared to before the incidence of RPL and incidence of TORCH infections are increasing in society that may be because of modernized life style, change in food habits and environmental changes. Even though there is tremendous development in the field of OBG, there are 60% of the Patients in whom the exact cause of the RPL is not elicited¹². In many cases of RPL even after knowing exact cause the treatment may not become successful in alternative systems of medicine, so for all those kind of cases Ayurveda gives a very good result. In the present case also pregnancy was carried successfully till delivery only by Ayurvedic treatment, and no any congenital anomalies were seen in the baby after delivery.

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CORRESPONDING AUTHOR

Dr Naveen Shirasangi

PG scholar, Dept. of PG Studies in PTSR,
SKAMCH & RC, Bangalore, Karnataka, India

Email: naveensirasangi@gmail.com

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