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

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ABSTRACT
Motherhood is boon to a woman. According to WHO 10% of woman are suffering from infertility¹ and 10-20% are afflicted with spontaneous loss of pregnancy before 20th week. If this pregnancy loss is 3 or more times consecutively it is considered as Habitual Abortion. The Habitual Abortion is a heterogenous condition with number of possible causes and TORCH infection is one among them. During the formation of Garbha, due to vitiated Shonita the product of conception expels before viability repeatedly is considered as Putragni Yonivyapad. This article gives a detailed description of a case of Positive TORCH infection with repeated pregnancy loss treated successfully with Ayurvedic management.

Keywords: Habitual abortion, TORCH Infection, Putragni Yonivyapath

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 and obstetricians alike, it affects around 10-20% of pregnancies. If the consecutive pregnancy loss is 3 or more times before the 20th week of gestation is called as Habitual Abortion. There are many possible causes for miscarriages like congenital abnormalities of uterus, endocrine disorders, ovulatory dysfunction and infections. TORCH² (Toxoplasmosis, Rubella, Cytomegalo virus, Herpes simplex) infection is one among the possible causes which may lead to repeated pregnancy losses. In our classics, various references are available for Habitual abortion. Putraghni Yonivyapad³ is one among the yonivyapad explained by our acharyas for repeated pregnancy loss. If any of the Yonivyapad is untreated in a due course of time leads to Vandhyatva. As explained in classics Garbhini Paricharya and Garbha Srava Chikitsa helpful in maintaining pregnancy and prevents Garbha Srava. Hence in this article a case of repeated pregnancy loss due to TORCH infection is treated successfully with Ayurvedic management has been discussed in detail.
**Aim and Objectives:**
1. To analyse the *Putragni Yonivyapad*
2. To analyse Habitual Abortion due to TORCH infection
3. To analyse the *Putragni Yonivyapad* W. S. R. Habitual Abortion due to TORCH infection
4. To access the effect of Ayurvedic medicines in the management of *Putraghni Yoni vyapad* W.S.R to habitual abortion caused due to TORCH infection.

**Medical history:** A 35 years old female Hindu patient who is home maker visited OPD of department of Praasuti Tantra & Stree Rogas at S.D.M.I.A.H, Bengaluru on 4/5/2018 with complaints of No issues since married life with a history of recurrent miscarriages from 3 years. Her menstrual cycles were regular. She was k/c/o Psoriasis from past 5 years and was on treatment for the same as steroidal application to lesions.

**Obstetric history:**

G3 P0 A3 L0 D0
A1: Blighted ovum – MTP done at 2 months (6 months marriage)
A2: Spontaneous miscarriage at 5th month: conception through IUI (1 ½ year after marriage)
A3: Spontaneous miscarriage at 3rd month: natural conception (2 years 1 month after marriage)
After the 3rd miscarriage she visited to our hospital and advised TORCH profile on 26/5/2018 and Herpes simplex IgG, Cytomegalo virus IgG were positive about 103.29U/ml, 1130U/ml respectively.

**Diagnosis & assessment:** *Putragni Yonivyapad*, Habitual Abortion due to TORCH infection.

**Prakriti:** kaphapradhaana vatanubhandi

**Therapeutic focus:**
It was mainly classified as:
Shodhana, Shamana, Samanya garbhini paricharya, Garbhashapaka gana, Garbhini rasayana, Garbha srava chikitsa, Vatahara chikitsa

The treatment arranged accordingly:
- **Shodhana**: course of Virechana, Snehapana with Panchatiktaka Guggulu Ghrita
- **Shamana**: Patola katurohinyadi kashaya, Torchnil capsule, Guggulu Tiktaka Ghrita
- **Samanya garbhini parichaya**:
  - Masaanumasika garbhini paricharya which is explained in the classics from 2 nd month to till term.
  - 2nd & 3rd month: ksheera, madhuroushadha
  - 4th month: navaneetha 1 aksha
  - 5th & 6th month- ksheera, sarpi
  - 7th month- ksheera, sarpi, madhuroushadha
  - 8th month- asthapana basti
  - 9th month- anuvasana basti and yoni pichu with dhanwantara taila.
- **Garbhashapaka gana**:
  - Garbha raksha kashaya, Leptaden, Ovarin capsule
- **Garbhini rasayana**:
  - Ashwagandha & Shatavari churna
- **Garbha srava chikitsa**:
  - Draksha, Panchavalkala kwatha 30ml QID.
- **Vatahara chikitsa**:
  - Bruhat Vata Chintamani Rasa 1-0-0

**Table 1:** Management during pregnancy: Urine pregnancy test positive on 2/4/2019

<table>
<thead>
<tr>
<th>Tri-mester</th>
<th>Complaint</th>
<th>Dietary Regimen</th>
<th>Medicine</th>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>First trimer</td>
<td>Weakness, Nausea</td>
<td>According to masanumasika garbhini paricharya</td>
<td>• Phalaghitra 1tsp BD,</td>
<td>Complete Ante natal profile- Normal study</td>
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<td></td>
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<td>• Tablet Lapttaden 1TID</td>
<td>USG – single live intra uterine fetus of 6 weeks 1 day</td>
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<td>• Suta shekara rasa 1TID</td>
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<td>• Madiphala rasayana 2Tsp TID</td>
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<td>• Panchavalkala kwatha 30ml QID</td>
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<td>• Garharakasha Kashaya 2tsp TID</td>
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</table>
### Outcome
She was advised to undergo elective caesarean section since the psoriatic lesions were increasing. With a written consent she underwent Elective caesarean section and delivered a healthy female baby on 24/10/2019 at 3:45PM. APGAR score was normal. Both baby and mother were healthy.

### DISCUSSION

**Shodhana:** Pitta and rakta are considered as Dosha according to charaka and Shusrutha respectively and any infections in the body will be due to *Dosha dusti* and to normalize the *doshas* in the body and pacify the vitiated doshas. *Shodhana Chikitsa* has been explained in the classics which are considers as the best Purificatory therapies in Ayurveda among them *Virechana* is the treatment mentioned for *Pitta* and *Raktha dosha*. TORCH is a viral infection which causes the *raktha dushti* which in turn related with *pitta vikruti*. Hence *virechana* is advised. *Virechana* Drugs having the property like *Ushna, Tikshna, Sukshma, Vyavayi* and

| Second trimester | White discharge Per vagina occasionally | According to masanumasaki garbhini paricharya | • Capsule Torch nil 1BD  
• B.V.C with Gold 1-0-0 E/S with honey |
|------------------|----------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Third trimester  | Intermittent pain abdomen at 36 weeks 3 days | According to masanumasaki garbhini paricharya | • Tablet Laptaden 1 TID  
• Suta shekara rasa 1TID  
• Capsule Torch nil 1BD  
• B.V.C with Gold 1-0-0 E/S with honey  
• Capsule Clingen P/V for 7days  
• Limiron granules 2tsp BD |
|                  |                                        |                                               | • Panchavalkala kwatha 30ml TID  
• Garbha Raksha Kashaya 2sp TID |
|                  |                                        |                                               | A single live intrauterine pregnancy with gestational age of 19 weeks 6 days, No obvious congenital abnormalities. Maternal screening (Quadruple Markers test) – Normal |

| Haemotological investigations normal study  
USG- SLIUF of 34 weeks 6 days adequate fetal growth  
AFI- 15.4 cms  
Placenta anteriror wall grade 2 maturity | **Panchavalkala kwatha 30ml TID**  
**Garbha Raksha Kashaya 2sp TID** |
Vikasi by virtue of their own potency it reaches the vessels and circulates all over body by Vyana vayu. Due to their Ushna nature, they liquefy the compact doshas and because of their Tikshnaguna, they separate the adhered doshas located in the gross and subtle channels of the entire body, from which doshas flows towards the gastro-intestinal tract, this morbid material reaches the stomach and gets propelled by Udana Vayu. All these drugs are having Tridosha Shamaka property thus bringing the Doshas to near a state of equilibrium. Role of Virechana on one hand is to tackle the pathogenesis and another is to improve better drug absorption. In addition to the acceptability and popularity it is considered as the best treatment for removal of morbid and increased pitta, and it is more useful in eradicating the disease originated from the vitiated pitta doshas from the body and purifies the blood, by removing the toxins from the body.

Shamanam - The medicines like Patola katuroidhayi kashaya7, Torchil capsule8, Guggula Tikatak Ghrita9 are potent ayurvedic medicines that is known to treat disorders aggravation of pitta and kapha dosha, By the action of anti-viral, anti-inflammatory and antioxidant properties.

Samanya garbhnī paricharya & Garbhnī rasayana: garbhnī paricharya plays a vital role in maintain a healthy pregnancy. Classics have explained in detail about month wise garbhnī paricharya to avoid the un-toward effect to the mother and foetus. Vomiting and nausea are the two main symptoms during the 1st trimester of the pregnancy due to which the pregnant women is not able to consume food in proper quantity. Dehydration which is caused due to this can be prevented with sheeta and madhura rasa dravyas and thus supply nutrition. Being anabolic in its activity madhura rasa dravya helps in maintaining health of both mother and foetus. In 2nd trimester growth of muscular tissue is observed in foetus; hence the mother will need protein in larger quantity which is supplied by using mamsa rasa and navaneetha. In the beginning of 3rd trimester most of the women suffer from oedema of the feet and other complications of water retention which can be prevented by using gokshura which is a natural diuretic. Other drugs of vidarigandhadi gana help to maintain the health of mother and foetus due to its multiple properties like diuresis, anabolic nature and relieve emaciation, and is kapha pittaghna. Constipation is one more complication observed during this time due to presence of gravid uterus over the bowels, it is relieved by enema which helps to maintain the autonomous nervous system to govern the myometrium and help in proper labour. In pregnancy by following the garbhini paricharya and rasayana will help to prevent the complications occurring during pregnancy and minimise the intake of medicines.

Garbhastrapaka gana and Garbha srava chikitsa: The medicines Garba Raksha Kashaya10, Lapteden and Ovarian capsules contains drugs like Bala, Draksha, Badra, Gokshura, Yavani, Panchavalkala. Acharyas have explained these drugs in Garbha sthapaka aushada and Garbha srava chikitsa for recurrent miscarriages, it includes maximum of madhura and Kashaya rasa, Madura vipaka and sheetha virya dravyas which provides stability and nourishment to the foetus and preventing early expulsion.

Vatahara chikitsa: Maintaining the prakrutha avastha of vata dosha is important to avoid the complications like garbha vyapad or garbhnī vyapad. bruhat vata Chintamani rasa with gold is one such preparation which helps to maintain the normalcy of vata dosha, even does give the rasayana and balya effect.

CONCLUSION
Result of this study shows that Ayurvedic treatment protocol plays a vital role in treating vandhyatwa due to putragni yonivyapat and preventing recurrent miscarriages. Garbha Srava and Garbha sthapana chikitsa mainly helps in garbha vriddi and preventing chyuti of garbha before prakrutha prasava kala by enhancing all gunas of garbha like ayu, bala, Varna, etc and aiming at healthy foetus to healthy mother. The treatment did not show any type of adverse effects during her antenatal, Intranatal and post-natal period.
REFERENCES

1. www.who.int

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