

# An Ayurvedic Approach on Habitual Abortion Due to Torch Infection W.S.R. to Putraghni Yoni Vyapada: A Case Series

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## Abstract

Miscarriage is a personal and emotional loss for a young couple trying To start a family. Full-term births are essential for healthy offspring. Recurrent Miscarriage is a common problem during childbearing years. Approximately 5% of couples trying to conceive have two consecutive miscarriages. Despite a thorough study of patients, the etiology of this common obstetric complication is unknown in 50% of cases. The incidence of RPL( recurrent pregnancy loss )is increasing and its management is quite varied and challenging. Ayurveda classic has given proper intervention of this condition where repeated abortion can be co-related to Putraghni Yoni Vyapat. In Putraghni Yoni Vyapat, foetus is aborted repeatedly due to Vata-Pitta Dushti and other causes could be due to Dushta Rakta as mentioned by Acharya Charaka. The present study was conducted and managed by *Ayurvedic* intervention internal medicine along with panchkarma ie Uttar basti . Ayurvedic formulations. Patient conceived and delivered a healthy child with a successful outcome.

**Keyword:** Phalghrita, Putraghni Yonivyapad, Recurrent miscarriage, Uttarbasti

## Introduction

Early pregnancy loss is defined as a nonviable, intrauterine pregnancy with either an empty gestational sac or a gestational sac containing an embryo or fetus without fetal heart activity within the first 12 weeks of gestation.<sup>[1,2]</sup> Recurrent miscarriage or Recurrent Pregnancy Loss is defined as the loss of two or more consecutive pregnancies before 20 weeks of gestation. The common cause responsible for habitual abortion are: Genetic factors like chromosomal abnormalities, endocrine and metabolic ,immunological factors, lifestyle system, and TORCH2 (Taxoplasmosis, rubella, Cytomegalovirus,herpes virus) infection is a leeding cause of pregnancy loss. According to Ayurveda, at the time of the Formation of the foetus (Garbha), due to vitiated blood (Shonita), the product of conception expels repeatedly before Attaining viability, which is known as Putraghni Yonivyapad. So it is important to achieve a full-term pregnancy with Healthy progeny. It is evident that maternal infections play a vital role in the loss of pregnancy.<sup>3</sup> Considering description from Ayurvedic classics collectively probable Causes of Yonivyapada include Mithyaachara, Pradushta artav, Bija dosha and Daiva karma. Aharaja, viharaja and manasika nidana like stress-induced Hormonal disturbances leads to apana kshetra dushti, vataprakopa which causes disturbances in menstruation, and destroys foetus repeatedly due to Vitiated shonitha.<sup>4</sup> Putraghni

Yonivyapad leads to Vandhyatva as Complication if left untreated.<sup>5</sup> As per Ashtanga hridaya, Uttarbasti is the Treatment of choice along with Madhura, Sheeta, Balya and Rasayan dravyas. This Line of treatment given before conception Inhibits Garbha strava and helps in Restoration of pregnancy till full term.<sup>6</sup>

### Case study 1:

A 30-year old lady came for in obstetrics and gynaecology (striroga– prasutitantra) department opd. With chief complaint of wants to conceive issue along with stress and fear of previous 3 abortions. White discharge per vaginum since 6month

PM/H

Menarche at 14year, 3- 4 days duration, 28-30day interval, Regular normal flow, Clots and pain absent

O/H

married , G3 p0 10 a3 d0, A1- 2021 6week spontaneous abortion, A2- 31 august 2021 6week spontaneous abortion, A3- 13 january 2022 5weeks 6 days spontaneous abortion

Past history

No h/o of dm/htn/hypothyroidism

Pelvic usg – normal findings

Other investigations – within normal range.

Torch (toxoplasma, rubella, cytomegalo virus) – positive for cmv and rubella

Blood group – b rh positive.

Provisional ayurvedic diagnosis – putraghatini yonivyavad

### Case study 2:

A 26-year old lady came for in obstetrics and gynaecology (striroga– prasutitantra) department opd. With chief complaint of wants to conceive issue along with previous 2 abortions.

PM/H

Menarche at 12 year, 5 - 6 days duration, 24-26 day interval, Regular normal flow, Clots and mild pain in abdomen, cramps in calf region.

O/H

Married , G2P0 L0 A2 D0, A1- 8 week spontaneous abortion, A2- 6week spontaneous abortion.

General Examination

Pulse -72/mint, Respiratory rate- 18/ mint, BP- 120/90 mm of hg, Weight-62 kg, Temperature- 98.6 f,

Body build -average

Ashtavidha pareeksha (Eight Type of Examination)

Nadi – vk , Jihva – sama , Mala – twice in a day , Mutra – samyak , Shabda – samyak, Drika – samyak,

Aakrti -madhyam , Sparsh- anushnsheeta

Past history

No h/o of dm/htn/hypothyroidis

Pelvic usg – normal findings

Other investigations - within normal range.

Torch (toxoplasma, rubella, cytomegalo virus) – positive for CMV

Blood group – A rh positive.

Provisional ayurvedic diagnosis – putraghatini yonivyavad

### Case study 3:

A 34 -year old lady came for in obstetrics and gynaecology (striroga– prasutitantra) department opd. With chief complaint of wants to convince issue, per vaginal discharge, abdominal pain along with previous 3 abortions.

PM/H

Menarche at 16 year, 4 - 6 days duration, 28-30 day interval, Regular heavy flow, Clots and pain in abdomen.

O/H

Married , G3P0 L0 A3 D0, A1- 8 week spontaneous abortion, A2- 6week spontaneous abortion, A3- 10 weeks spontaneous abortion

General Examination

Pulse -78/mint, Respiratory rate- 20/ mint, BP- 110/90 mm of hg, Weight-72 kg, Temperature- 98.0 f, Body build -average

Ashtavidha pareeksha (Eight Type of Examination)

Nadi – PK , Jihva – sama , Mala –samyak , Mutra – samyak , Shabda – samyak, Drika – samyak, Aakrti -madhyam , Sparsh- anushnsheeta

Past history

No H/O of dm/htn/hypothyroidism

Pelvic usg – normal findings

Other investigations - within normal range.

Torch (toxoplasma, rubella, cytomegalo virus) – positive for CMV , Rubella

Blood group – B rh positive.

Provisional ayurvedic diagnosis – putraghatini yonivyavad

### Case study 4:

A 35-year old lady came for in obstetrics and gynaecology (striroga– prasutitantra) department opd. With chief complaint of wants to convince issue, dysmenorrhoea , constipation along with previous 2 abortions.

PM/H

Menarche at 16 year, 4 - 6 days duration, 28-30 day interval, heavy flow, Clots and pain in abdomenand cramps in calf region .

O/H

Married , G3P1 L1 A2 D0, A1- 10 week spontaneous abortion, A2- 6week spontaneous abortion,

General Examination

Pulse -82/mint, Respiratory rate- 22/ mint, BP- 130/90 mm of hg, Weight-52 kg, Temperature- 98.6 f, Body build - thin

Ashtavidha pareeksha (Eight Type of Examination)

Nadi – VK , Jihva – sama , Mala –kathin , Mutra – samyak , Shabda – samyak, Drika – samyak, Aakrti -krush , Sparsh- anushnsheeta

Past history

No H/O of dm/htn/hypothyroidism

Pelvic usg – normal findings

Other investigations - within normal range.

Torch (toxoplasma, rubella, cytomegalo virus) – positive for CMV , Rubella

Blood group – B rh positive.

Provisional ayurvedic diagnosis – putraghatini yonivyavad

### Case study 5:

A 26-year old lady came for in obstetrics and gynaecology (striroga– prasutitantra) department opd. With chief complaint of wants to convince issue in stressfull condition along with previous 2 abortions.

PM/H

Menarche at 12 year, 3-4days duration, 28-30 day interval, regular flow, Clots and pain in abdomen absent

O/H

Married , G2P0L0A2 D0, A1- 5 week spontaneous abortion, A2- 10 week spontaneous abortion,

General Examination

Pulse -62/mint, Respiratory rate- 16/ mint, BP- 100/80 mm of hg, Weight-60 kg, Temperature- 98.6 f,

Body build - thin

Ashtavidha pareeksha (Eight Type of Examination)

Nadi – VK , Jihva – nuram , Mala – samyak , Mutra – samyak , Shabda – samyak, Drika – samyak, Aakrti - madhyam , Sparsh- anushnsheeta

Past history

No H/O of dm/htn/hypothyroidism

Pelvic usg – normal findings

Other investigations - within normal range.

Torch (toxoplasma, rubella, cytomegalo virus) – Rubella

Blood group – O rh positive.

Provisional ayurvedic diagnosis – putraghatini yonivyavad

### Chikitsa

Pre- conception (6 Months)

Sthanik chikitsa-

Day 5- Til tail matra basti 30 ml

Day 6- Dashamula qwatha Niruha basti 300 ml

Day 7,8,9- Phal ghrita Uttar Basti 10 ml

Day 10- Til tail matra basti 30 MI

Abhyantar chikitsa- For 3-4 months with repeated follow With treatment of other symptoms if developed

1. Shatavari & Ashwagandha Siddha kshirpaka, 50 ml, twice a Day

2. Punarnava madoor- 250 mg

Kukutandtwak bhashm- 500 mg

Panchkool churna- 3 gram 1×2 with lukewarm water

3. Hridrakhand -1 tsf with milk

4. Phalghrita- 1 tsf with milk

5. Torchnil capsules 2 BD

All 5 patients shows negative results for TORCH infection ie IgG IgM value within normal limits.

In 4 out of 5 patients Missed periods in 6-8 months

UPT positive

Routine antenatal care started  
(Garbhini)Pregnancy period  
Masanumasik Garbhini Paricharya

### **Time of administration of Uttara Basti**

In research studies, in 25% of the patients Uttara Basti was administered from 6th day to 12th day of the cycle. In 20% of studies 7th day to 12th day of the cycle. In 55% of studies 10<sup>th</sup> day to 12th day of the cycle. Acharya Charaka has mentioned, Ritu Kala is the best time for administration of the Uttara Basti as Yoni Mukha will be Avaranarahita (Cervix will be open).<sup>7</sup>

### **Posture**

Acharya Charaka has mentioned Women should be made to sleep in Uttanayashayanaha Samyak Sankochya Sakthini position (supine position with flexed thighs and elevated knees).<sup>8</sup> The patient is given dorsal lithotomy head low position on the OT table after Yoni Prakshalana with Triphala Kashaya.

### **Procedure**

According to Samhitas, after giving the position the nozzle of the Uttara Basti Yantra is slowly inserted following the direction of the passage. In 24 hours, 2-3 times Uttara Basti is given for 3 nights with gradual increase in dose of the Sneha.<sup>9</sup>

### **Currently Practiced Method: <sup>10</sup>**

After making patient relaxed Sim's speculum Should be inserted into vagina. Cervix should Be exposed with the help of the anterior Vaginal wall retractor and speculum. After this Process once again vagina and external OS Should be painted with diluted betadine for Removal of mucoid or any discharge. When the Sterilization is over, cervix should be caught With Allis forceps or vulsellum forceps. Uterine Sound is passed through external OS to find The position of uterus. After knowing the Position of uterus, Hegar's dilator is inserted Through external OS for dilating the cervix Properly. When cervix is dilated properly, then 5 ml Taila filled in 10/20 ml disposable syringe Fitted with angulated Uttara Basti cannula Should be inserted gently and oil is instilled. After this all instruments and towels should be Removed. Patient is advised to return to Supine position with legs folded on each other. In clinical studies, the dose used was 5 ml by 95% of the studies and only 5% of the studies Used 10ml.

### **Discussion**

Recurrent pregnancy loss can be correlated with Putraghni Yonivyapad and Garbhasravi Vandhya Explained in Ayurvedic classics. Putraghni is a Yoniroga characterised by Repeated Pregnancy Losses due To the excessive use of Rooksha Ahara and Vihara which leads to Vata Prakopa further causing Shonita Dusti and Artava Dusti which in turn results in repeated loss of pregnancy.<sup>11</sup> In Today's fast pace of life, this physiological Event exhibits with multiple and variable problems which resulted into termination of Pregnancy. So, it is important to keep the Fetus nourished and protected throughout Pregnancy. Putraghni yonivyapad i.e. Recurrent abortion can be treated Successfully with proper Ayurvedic Intervention. According to Ayurveda, the four key components for fertility are rutu, Kshetra, ambu, and beeja. Any of these four factors Dushti, results in vandhyatva (infertility).<sup>12</sup> According to Ashtanga Hridaya (one of the Brihatrayi), Uttarbasti (mode of administration of drug by urethral or

genital route) is indicated in treatment of all types of Yoni vyapad (gynaecological disorders). In this particular case of recurrent miscarriage, we used Phalghrita Uttarbasti along with internal medications such as Shatavari- Ashwagandha siddha kshirapaka .<sup>13</sup> Uttarbasti removes strotorodha and maintains hormonal balance in uterus and ovaries. Good result was obtained in this case. An informed consent was taken from the patient for this study. Results obtained in this case demonstrate that the management of recurrent abortion. Clinical condition known as putraghni Yonivyapad is typified by recurrent miscarriages Brought on by an excessive intake of rooksha ahara Vihara. This results in vata prakopa, which causes Shonita dushti and artava dushti, both of which lead to Repeated garbha vinasha.<sup>14</sup> Considering the patient's History of spontaneous abortions, putraghni yonivyapad, Kshetra, and beeja were identified as the primary dusti Variables for the patient's diagnosis and treatment. So Chikitsa to achieve shuddha Beej and shuddha Kshetra Were planned prior to conception. Pre Conception treatment such as Niruha basti, Matra basti and Uttarbasti pacified vata Dosha. Uttarbasti assisted into removal of Strotorodha and supported at the level of Receptors in endometrium as well as ovary For hormonal balance. Phalghrita indicated Mainly in Garbhastrava and its contents Are useful in preventing abortion and Maintaining pregnancy. Phalghrita helps the woman to achieve Conception and cures female genital tract disorder. It is Vatahara, Balya, Dipana, Pachana, lekha, Vata Anulomana, Shothahara, Krimighna, Baranghniya, 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 result in healthy progeny. Phala Ghrita possessing Oleating, Nourishment and Phytoestrogenic properties Gets easily absorbed through the mucus Membrane, glands and vessels, increases Ovulation factor. It gives tubal potency. In Endometrial factors it increases the blood Circulation, helps in proliferation increases the Receptive activities of endometrial and cervical Mucus secretion. Garbhashthapak medicine such as Shatavari and Ashwagandha were used Which are Madhura and balya by its Virtue, which counteracts the vitiated vata. Ksheerpaka pacified vitiated Pitta dosha, Enhances medicinal effect and drug Absorption with maintenance of garbha. Acharya Kashyap indicated Shatavari to the women having the ability to conceive But the child being unable to survive.<sup>15</sup> Haridra khand have Deepan, Pachan, lekhaniya, Vata Kapha Shamak, Raktasodhak, anti-inflammatory, Antimicrobial, immunomodulatory properties which Helpful in torch treatment. Kukkutanda twak Bhashma have the Kapha Vata Shamaka properties, which Can subside the vitiation of Kapha and Vata in excessive Abnormal vaginal white discharge The oral administration of panchkool Churna has Deepaniya properties. Deepana leads to formation of healthy Ahara Rasa results in good nutrition to Rasa Dhatu and Later on Raja and Stanya Upadhatus. Cap Torchanil : The Torchnil capsule having antioxidant action which corrects the oxidative damage at the placental level thus prevents abortion. It has (Tinospora Cordifolia), Laghu Kantakari (Solanum Xanthocarpum). Brihat Kantakari (Solanum Indicum) and Pippali (Piper Longum) etc. Guduchi \_having the Madura kashaya rasa, guru snigdha guna Madura vipaka, it is balya and rasayana in nature and also has antimicrobial, anti oxidant, Anti inflammatory properties. Pippali and kantakari. – kashaya tikta Madura rasa, lagu ruksha guna, anushna virya, katu vipaka. It has antimicrobial, antioxidant, anti inflammatory And immunomodulatory .all the above mentione drugs all are antiviral and antimicrobial in nature thus acts as immunomodulatory.

## Conclusion

Here in present Case study, a positive case of TORCH infection ie putraghni yonivyavad is treated By ayurvedic treatment only. Pregnancy is successfully Carried as it crossed that critical period of first

trimester. The medicines used here alleviates Tridoshas specially Pitta & Vata & having Garbhasthapaka, Rasayana & Balya, antimicrobial, antioxidant, anti-inflammatory, Immunomodulatory properties. Thus, helps to maintain Pregnancy & promotes the growth of fetus. These medications Are Garbhasthapaka and nourish the foetus as well.

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