International Research Journal of Ayurveda & Yoga
Vol. 5 (12),38-43, Dec,2022
ISSN: 2581-785X;https://irjay.com/
DOI: **10.47223/IRJAY.2022.51206**

An Ayurvedic Approach on Habitual Abortion due to Torch Infection w.s.r. to *Putraghni Yoni Vyapada*: A Case Study

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Article Info

Article history:
Received on: 22-10-2022
Accepted on: 13-12-2022
Available online: 31-12-2022

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ABSTRACT:

Introduction- 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. Many factors are responsible for recurrent pregnancy loss among which TORCH infection (Toxoplasmosis, Rubella, Cytomegalo virus, Herpes simplex) is an important one. Recurrent pregnancy loss (RPL) is also known as recurrent miscarriage or habitual abortion. It is defined as three consecutive pregnancy losses prior to 20weeks 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 habitual abortion caused due to TORCH Infection w.s.r. to *Putrghani Yoni vyapada* and to study the effect of Ayurvedic medicines in the management of habitual abortion caused due to TORCH Infection.
Main observations: We report a case of habitual abortion (*Putraghni yoni vyapada)* in a 34-year-old female patient with complaint of wants to convince issue along with stress and fear of previous 3 abortions.
Result: Ayurvedic remedies were used to treat the patient for three months. This case study demonstrates the efficacy of Ayurvedic treatment for habitual abortion (*Putraghni yoni vyapada).*
Conclusions: In this article, a case of positive TORCH infection with repeated pregnancy loss treated successfully with Ayurvedic medications.
Keywords: Habitual abortion, *Putraghni*, *Yoni vyapada*, TORCH.

INTRODUCTION

According to Ayurveda, four healthy pillars require for conception and healthy outcome. That are *Ritu* (healthy menstrual cycle, fertile period), *Kshetra* (healthy endometrium or implantation bed or uterus), *Ambu* (proper nutrition), *Beeja* (healthy ova and sperm)[1]. Deviations of these factors lead to miscarriage, and fetal abnormalities lead to infertility. According to Ayurveda classics, recurrent miscarriage (*Putraghni yonivyapada*) is an inflammatory condition spelled "early pregnancy loss". It is clear that maternal genital tract infection plays an important role in sporadic spontaneous abortion. Recurrent miscarriage is defined as the sequence of two or more spontaneous abortions as documented by either sonography or on histopathology, before 20 weeks

(ASRM-2013).[2] This distressing problem is affecting approximately 1% of all women of reproductive age. The risk increases with each successive abortion reaching over 30% after three consecutive losses. It may occur due to genetic abnormality, immune factors, life style, ovarian factors, environmental factors stress and various infections[3]. Prenatal and perinatal infections play important role in manifestation of recurrent pregnancy loss under TORCH acronym (Toxoplasmosis, Rubella, Cytomegalo virus, Herpes simplex). Primary infection caused by TORCH is major cause of bad obstetric history. Mainly if infected with Rubella and Cytomegalo virus. 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. Among all *Yoni vyapadas* explained by Acharyas, RPL is correlated with *putraghni Yoni vypad*. As mentioned in Ayurvedic classics *Madhura, Sheeta, Balya,Jeevaniya and Rasayana Dravyas* are helpful in preventing *Garbhasrava* and maintaining Pregnancy.

According To Ayurveda

Putraghni Yonivyapada

Raukshaayad vayu yada garbham jatam jatam vinashayet Dusthta shonitajam naryaha putraghni nama sa mata ||[4]

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*.

AIMS AND OBJECTIVES

1-To understand the habitual abortion due to torch infection W.S.R. to *Putraghni Yoni Vyapada.*

2-To access the effect of *Phalaghrita* and other Ayurveda medicine in the management of habitual abortion due to torch infection W.S.R. to *Putraghni Yoni Vyapada.*

Nidana* (Causative factor) of Habitual abortion *(Putraghni Yoni Vyapada)

Acharya Sushruta says that Coitus, travelling in carriage, riding on horse, journey on foot, fear, terror, falling from height, excessive suppression of thirst and hunger, staggering, compression, running, trauma by any weapon, suppression of urge, consumption of excessive dry, hot or pungent, diet, grief, diarrhea, excessive use of *Kshara*, sitting, standing, sleeping on uneven place or in abnormal posture emetics, purgatives by all these factors fetus gets detached from uterus just like fruits by its stalk due to trauma thus it get aborted.[5] As fruit falls down untimely due to effect of krmi(viral/ bacterial infection) *Vata* and *Abhighata*(trauma), similarly fetus also gets detached due to influence of all these factors.[6]

***Samprapti (*Pathogenesis)**

***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-*Ras, Rakta, Shukra* (Charaka and Sushruta)

Sthana-*Yoni (Garbhashaya*)

Roopa-*Sthitam Sthitam Hanti Garbham* (Repeated destruction of fetus)[7]

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.

Antimicrobial, anti-inflammatory, immune modulatory drugs.

CASE REPORT

Age-34 Yrs female

Occupation- Housewife

Socio-economic Status- Middle

Chief complaint - Came on 21th February 2022 with complaint of wants to convince 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 2019

G3 P0 L0 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

H/O surgical myomectomy

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

***Dasa vidh preeksha (*Ten factor of patient examination)**

Prakrti- VK
sara- maanssaar
samhnan -madhyam
Pramaan -madhyam
satmya- sarv rasa
satva -madhyam
Aahar shakti -madhyam
vyayaam shakti- madhyam
vaya-yuva
Desh-aanup

Investigation

TSH normal
Hb1AC 5.5
HB 12. 9 gm/ dl
TLC increased
Semen analysis normal on 2.4.2021
HSG 0n 1.6.21 normal finding
USG on 20.1.22
One sub mucosal fibroid 14 mm×12 mm
TORCH test (25/2/2022) positive for RUBELLA and CMV

Table no 1. Shows IgG and IgM Value

Treatment

1. *Punarnava madoor- 250 mg*
   Kukutandtwak bhashm- 500 mg
   Panchkool churna- 3 gram 1×2 with lukewarm water
2. *Gokshuradi guggulu 2 BD*
3. *Hridrakhand -1 tsf with milk*
4. *Phalghrita- 1 tsf with milk*
5. *Erandmuladi tail anuvasana basti*
6. *Kshar tail uttarbasti* (for 3 menstrual cycle)

RESULTS

After three sitting of *Uttarbasti* for three consecutive cycles. Along with *phal Ghrita* orally for 3 months, she reported with amenorrhea and found Urine Pregnancy Test positive. LMP is 5.6.22. Subsequently, confirmed the pregnancy by USG, as single live intrauterine fetus. EDD is 13.3.2023. Patient is coming for regular ANC visit.

USG on 18-7-22 Early intra uterine Gestational sac

USG on 25-7-22

Reveals a single live intrauterine gestation of CGA= 6 wks +/- 1 week.
EDD 15.03.2023
Embryonic cardiac activity 127 bpm
CRL 5.8 mm
GS 19.1 mm

USG on 6-9-22

Single live intrauterine fetus of Gestational age 13 wks, 4 day
CRL 7.5 cm
FHS 157/ mint
Nuchal translucency normal
Nasal bone normal

USG on 30.10.22

Single live intrauterine fetus of 21 weeks 0 day
Amniotic fluid volume normal
Placenta posterior wall in position and grade 1 in maturity.
HR 159bpm
Fetal weight 402gm+/- 59 gram

DISCUSSION

Becoming mother is the most cherished dream of all women. *Ritu, Kshetra, Ambu and Beeja* are the 4 essential factors for fertility. Defect in any of these results in miscarriages (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* thus leads to *Vata Prakopa* which in turn causes *Shonita* and *Artava Dushti* results in *Garbha Vinasha* (Foetal loss). Acharya Sushruta has explained in P*utraghni yoni Vyapada Pitta Dushti* causes abortion as *Pitta* is *Ushna* (hot), *Tikshna* which doesn't support maintenance of *Garbha*. Thus, medicines used in this study have *Garbhasthapaka Gana* and are *Madhur, 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, Dipana, Pachana, lekhana, 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. It reduces the infection of reproductive organs. The oral administration of *panchkool churna* has *Deepaniya* properties. It also works on *Annavaha srotasa* which is a main base of any disease through it *Agni Deepana* leads to formation of healthy *Ahara Rasa* results in good nutrition to Rasa Dhatu and later on Raja and *Stanya Upadhatus*. *Kukkutanda twak Bhashma* have the *Kapha Vata Shamaka* properties, which can subside the vitiation of *Kapha* and *Vata* in excessive abnormal vaginal white discharge. It also has the properties of *Rasayana, Balya,* and *Shakti vardhaka*. *Gokshuradi Guggul* is a classical polyherbal formulation that is chiefly indicated in Ayurveda for usage in case of imbalance of the *Vata* and *Pitta Doshas*, which chiefly causes in *putrghani Yonivyapada*. It had anti-inflammatory, antimicrobial properties, and useful in leucorrhea and improve fertility. *Haridra khand* have *Deepan,Pachan, lekhaniya, Vata Kapha Shamak, Raktasodhak,* anti-inflammatory, antimicrobial, immunomodulatory properties which helpful in torch treatment. Purgation is the best treatment in inflammatory disorders. Ayurvedic treatment was started with 3 days authentic purgation therapy with processed *Erandmuladi Tail Anuvasana Basti* under strict monitoring for detoxification of antibodies and neuro - endocrinal proper functioning. This is followed by herbal oral medication for a month aimed to achieve proper ovulation, implantation, microcirculation, fetal development, immune modulation and prevention of abortion. In Ayurveda the word "*Yoni*" refers to female reproductive organs collectively. Yoni never gets spoilt without vitiation of *Vata*. Acharya Charaka has mentioned that once the *Vata* is controlled by *Uttar Basti* female achieves conception quickly. In this case, patient is having some small size sub serosal and intra mural fibroids due to the vitiation of *Kapha* and *Vata Dosha*. As Uttarbasti direct action on the local area of uterus; *Apamarg kshar Tail* is used for *Uttarbasti. Kshara* has *Vata-kapha shamak,Sukshma, Laghu, Sara, Vyavayi, Vikasi, Pramathi, Tikshna, lekhan* properties and *Tila Taila* acts as anti-inflammatory. Due to its *Tikshna* and *lekhan* properties it probably subsides the fibroids of uterus.

CONCLUSION

TORCH infections are the one among the major cause for early pregnancy loss. As compared to before, the incidence of habitual abortions & TORCH infection is increased due to modern stressful lifestyle & food habits. Here in present case study, a positive case of TORCH infection 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, antioxident, anti-inflammatory, immunomodulatory properties. Thus, helps to maintain pregnancy & promotes the growth of fetus**.**

Acknowledgements - Nil
Conflict of interest - None
Source of finance & support - Nil

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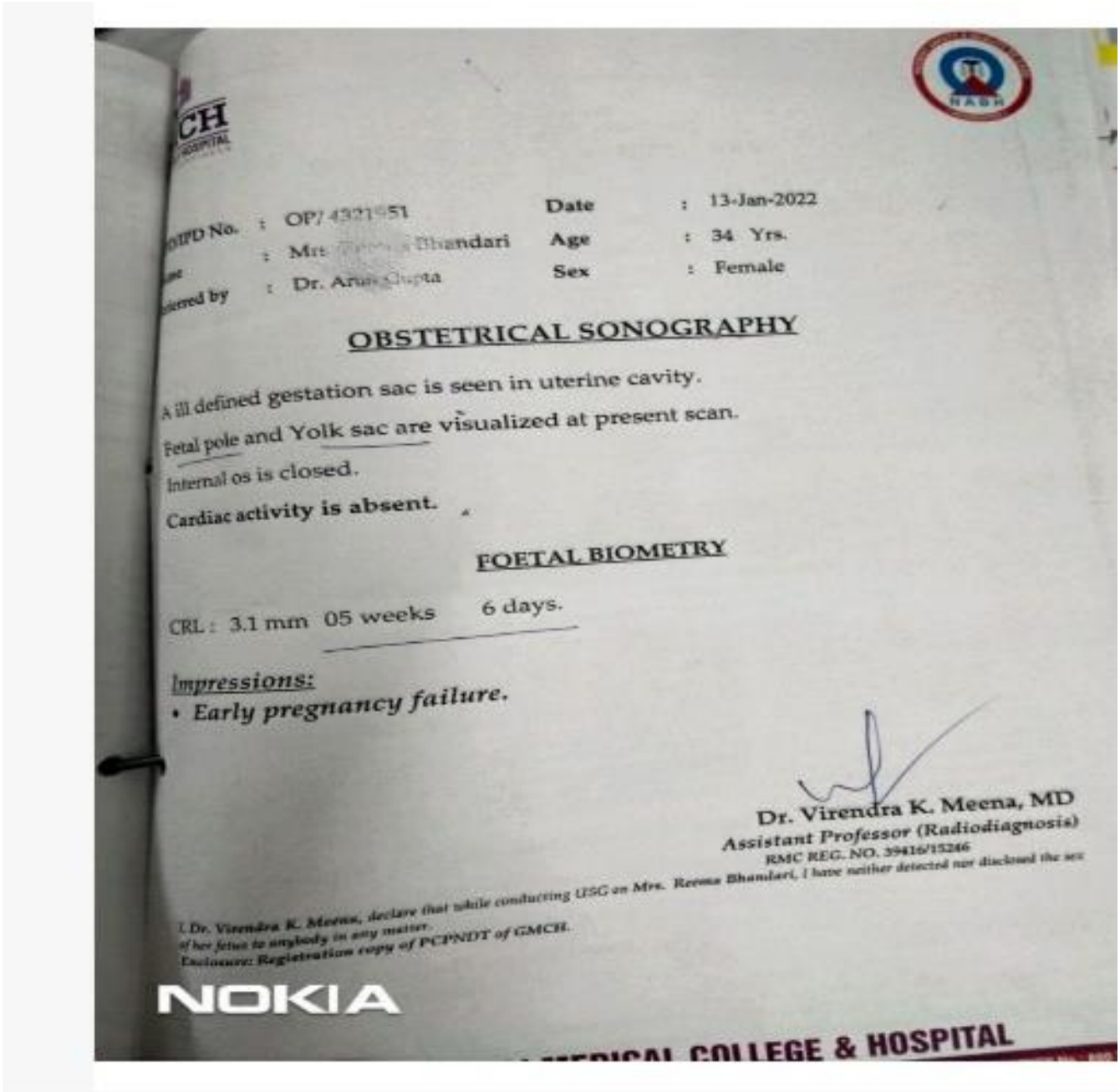
How to cite this article: Sulekha, Meena N.K, Dixit M "An Ayurvedic Approach On Habitual Abortion Due To Torch Infection W.S.R. To *Putraghni Yoni Vyapada*: A Case Study IRJAY.[online]2022;5(12); 38-43.
Available from: https://irjay.com
DOI link- https://doi.org/10.47223/IRJAY.2022.51206

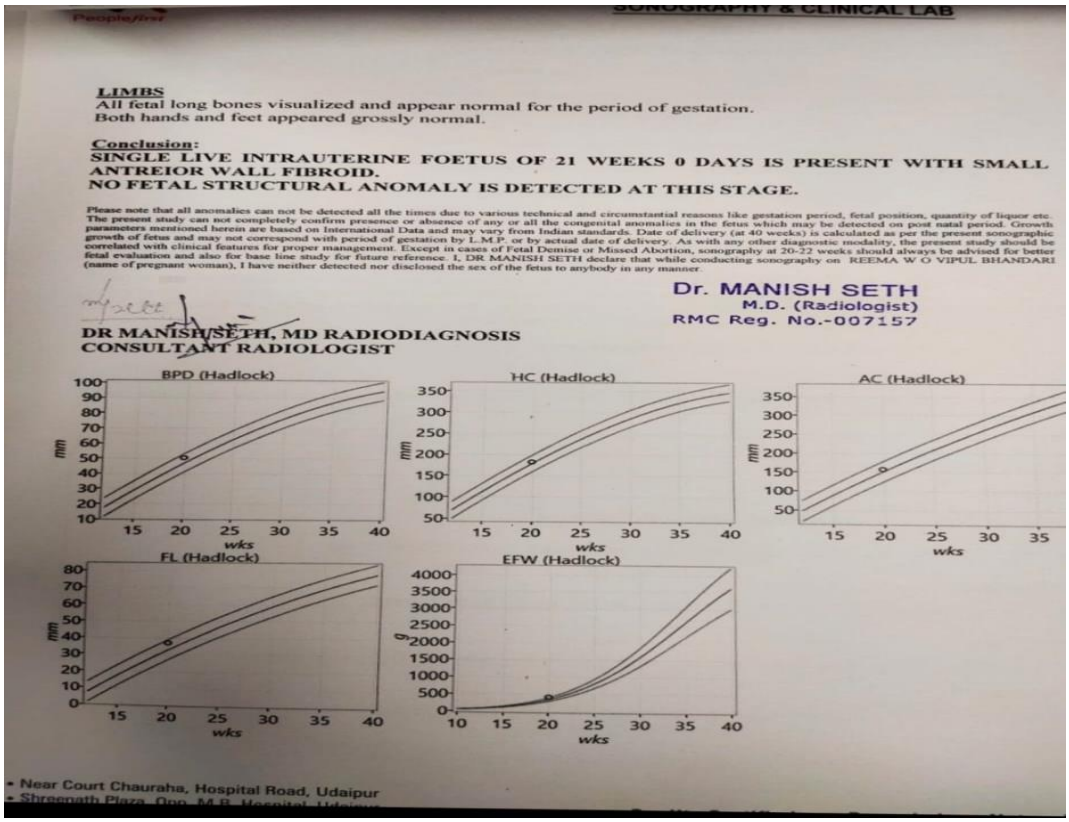
Table no 1. IgG and IgM Value

	IgG	**IgM**
Toxoplasma	568 IU/ml	.379 COI
RUBELLA	9.820 IU/ml	.468 COI
CMV	>20 IU /ml	.502 COI
HSV1 And 2	.642 COI	.35 COI

Before Treatment



After Treatment



SONOGRAPHY & CLINICAL LAB

LIMBS
All fetal long bones visualized and appear normal for the period of gestation.
Both hands and feet appeared grossly normal.

Conclusion:
SINGLE LIVE INTRAUTERINE FOETUS OF 21 WEEKS 0 DAYS IS PRESENT WITH SMALL ANTREIOR WALL FIBROID.
NO FETAL STRUCTURAL ANOMALY IS DETECTED AT THIS STAGE.

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference. I, DR MANISH SETH declare that while conducting sonography on REEMA W O VIPUL BHANDARI (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Dr. MANISH SETH
M.D. (Radiologist)
RMC Reg. No.-007157

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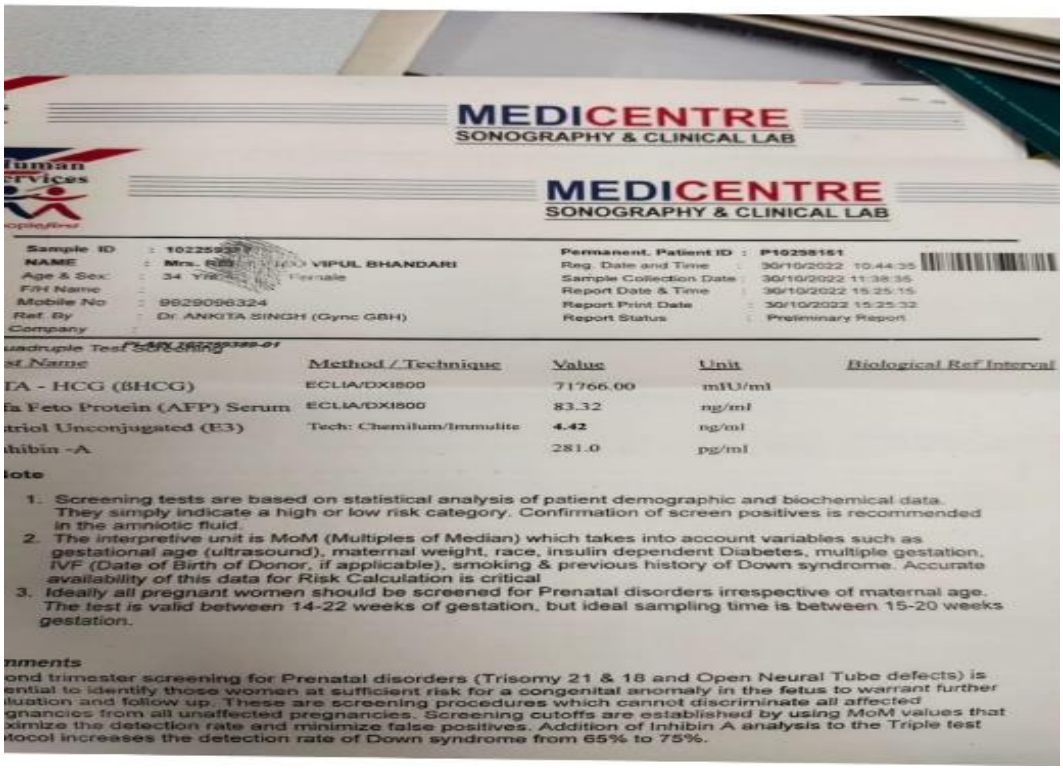

MEDICENTRE
SONOGRAPHY & CLINICAL LAB

MEDICENTRE
SONOGRAPHY & CLINICAL LAB

Sample ID	: 10225937	Permanent. Patient ID	: P10258151
NAME	: Mrs. [redacted] VIPUL BHANDARI	Reg. Date and Time	: 30/10/2022 10:44:35
Age & Sex	: 34 Yrs / Female	Sample Collection Date	: 30/10/2022 11:38:35
F/H Name	:	Report Date & Time	: 30/10/2022 15:25:15
Mobile No	: 9829096324	Report Print Date	: 30/10/2022 15:25:32
Ref. By	: Dr. ANKITA SINGH (Gync GBH)	Report Status	: Preliminary Report
Company	:		

Quadruple Test Screening

Test Name	Method / Technique	Value	Unit	Biological Ref Interval
HCG - HCG (BHCG)	ECLIA/DXI800	71766.00	mIU/ml	
Alpha Feto Protein (AFP) Serum	ECLIA/DXI800	83.32	ng/ml	
Estriol Unconjugated (E3)	Tech: Chemilum/Immulite	4.42	ng/ml	
Inhibin -A		281.0	pg/ml	

Note

1. Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended in the amniotic fluid.
2. The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical
3. Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 14-22 weeks of gestation, but ideal sampling time is between 15-20 weeks gestation.

Comments

Second trimester screening for Prenatal disorders (Trisomy 21 & 18 and Open Neural Tube defects) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and follow up. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives. Addition of Inhibin A analysis to the Triple test protocol increases the detection rate of Down syndrome from 65% to 75%.