



A Single Case Study on Putraghni Yoni Vyapad W.S.R to Recurrent Abortion Due to Torch Infection.

Niveditha Somlapur¹, Lakshmi k Avaradi², Mounika³, Apoorva⁴

¹Associate Professor Department of Prasoothi tantra and Streeroga Jagadguru Gavisiddeshwara Ayurvedic Medical college and Hospital Koppal.

²Final year P.G Scholar, Department of Prasoothi tantra and Streeroga Jagadguru Gavisiddeshwara Ayurvedic Medical college and Hospital Koppal.

³Final year P.G Scholar, Department of Prasoothi tantra and Streeroga Jagadguru Gavisiddeshwara Ayurvedic Medical college and Hospital Koppal.

⁴Final year P.G Scholar, Department of Prasoothi tantra and Streeroga Jagadguru Gavisiddeshwara Ayurvedic Medical college and Hospital Koppal.

ABSTRACT

To give birth is the most heartfelt initiation to spirituality a woman can experience. However sometimes due to various causes gestation is not continued till term which is very agonizing for a couple. Habitual Abortion (or recurrent abortion) refers to a history of repeated miscarriage, which is defined as three or more consecutive pregnancy losses before 20 weeks of pregnancy from the last menstrual period.

Repeated miscarriage/Pregnancy loss is often seen with bleeding per vaginum. This repeated miscarriage is the most common problem being observed presently. One of the potential causes of recurrent miscarriages is thought to be the TORCH infection. Genetic factor, endocrine factor, abnormalities of the uterus or out flow tract obstruction but specific has not been identified. It can be correlated with Putraghni yoni vyapada as per Ayurvedic texts. Putraghni yonivyapada is one among the 20 Yonivyapadas. In the present study, a case of repeated pregnancy loss due to TORCH Infection which was treated successfully with shodana chikitsa(virechana) and shaman chikitsa. As a result the patient conceived after 5 months of treatment and no evidence of abortion was found.

KEY WORDS : Recurrent abortions, Putraghni, TORCH, Virechana.

INTRODUCTION

Recurrent miscarriage is defined as a sequence of two or more spontaneous abortions as documented by either sonography or histopathology before 20 weeks of pregnancy from the last menstrual cycle (LMP) or with foetal weight less than 500gm. The incidence of recurrent miscarriage is 1% in India. The risk increases with each successive abortion reaching over 30% after 3 consecutive losses¹. 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 leading cause of pregnancy loss. It can be correlated with Putraghni yoni vyapada as per Ayurvedic texts. Acharya Charaka, when the prakupita Vata because of its Ruksha guna destroys each and every foetus made out of the dusta artava, the condition is known as Putraghni². Putraghni yonivyapada is one among the 20 Yonivyapadas. 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,⁴ like painful menstruation and garbha development. Considering hetu, sthana, and clinical symptoms shodhana chikitsa like virechana holds promising results.

CASE REPORT

Chief complaint: A case report of female patient of age 23 years, who visited OPD of SJGAMC Koppal on 9th october 2022 with complaints of anxious to conceive since 2 years.

Marital life – 3½ years

Active marital life – 3years

History of present illness: 23 years female patient married life of 3 years house wife was healthy as per information given by her, she had previous 3 miscarriage 1st was 2months spontaneous abortion at june 2020, 2nd was 3 months spontaneous abortion at feb 2021 and 3rd was 2 ½ months abortion at august 2022 After all investigations found that TORCH was Positive, for this she underwent shodana and shaman line of treatment.

Obstetric History

Maritale life _ 3½ years

A₃D₀

A1- 2month spontaneous Abortion(june 2020)

A2 – 3months spontaneous Abortion(feb 2021)

A3 – 2½ months spontaneous Abortion(Agust 2022)

Past History

No H/O of DM/HTN/BA/Hypothyroidism No H/O of Any previous Major illness anc Surgery.

Personal History:

Appetite – Good

Sleep – Sound

Micturation – Normal 4-5 times/day

Bowel – clear 2 times / day

Hbites – tea 2 times / day

DASHAVIDHA PARIKSHA:

Prakruti - Vata Kaphajai

Vikruti - Tridosha

Sara - Madhyama

Samhanana- Madhyama

Pramana - Madhyama

Satmya - Katu pradahana sarva rasa satmya

Ahara Shakti - Madhyama

Abhyavahrana Shakti - madhyama Jarana Shakti Madhyama

Vyayama Shakti – Madhyamana

Vaya – Madhyama.

GENERAL EXAMINATION

Built-Moderate

Height-152cm

Weight-56kg

BMI-22.2kg/m²

Palior-Absent

VITALS

Pulse rate-84bpm

BP-110/70mmhg

Respiratory rate-20cpm

Systemic examination

CNS/CVS/RS – Normal

Per Abdomen – Soft, No tender

Per Speculum – cervix and vagina healthy

No discharge

No tenderness

Per Vagina – Uterus anteverted – normal size

Bilateral fornix free.

Investigations

TORCH Test	IGM	IGG
Taxopasmosis	0.07 negative IU/ml	0.01 negative IU/ml
Rubella	0.23 negative IU/ml	0.01 negative IU/ml
Cytomegalo Virus	0.05 negative IU/ml	33.0 positive aU/ml
Herpes simplex – 1	0.3 negative IU/ml	5.4 positive aU/ml
Herpes simplex – 2	0.3 negative IU/ml	5.4 positive aU/ml

USG OF ABDOMEN:

Impression – No significant sonological abnormality detected.

Treatment protocol:

Shodana Aushadi – virechana

Dipana and Pachana with tab Agnitundivati vati (1-0-1) BD Bfore food for 3 days

Tab chitrakadi vati (1-0-1)BD After food for 3 days

Snehapana with murchita tila taila given for 4 days.

1st day – 30ml

2nd day – 60ml

3rd day – 90ml

4th day – 120ml

Sarvanaga Abhyanaga with Mahanarayana taila falloewd by bashpa sweda – Narayana taila for 3 days

Virechana with thrivruth lehya(40grams)

Shamana aushadi:

1ST COURSE

Medicine	Dose	Duration
Cap Torchanil	2BD	3months
Sukumara kashaya	BD	3months

2ND COURSE

Medicine	Dose	Duration
Tab Pushpadanwa rasa	2bd	14 days
Chandraprabha vati	1 bd	2Months

OSERVATION

VIRECHANA:

Treatment was started with deepana and pachana with aganitundi vati and chitrakadi vati for 3 days after attaining normal state of agni, snehapana with murchita tila taila was given for 4 days. After attaining sneha snigdha lakshana, sarvanga abhyanga with mahararayana taila followed by bhashpa sweda was done for 3 days. Later on virechana was given with 40gm of trivruth lehya in empty stomach at 7:30AM.

the vegas started from 10:AM

The patient was stable and no abdominal discomfort

Vega nivrutti – at 4pm

Total vegas – 16 vegas

Shuddhi – Madhyama

USG REPORTS BEFORE CONCEPTION:

On 20/09/ 2022

Impression - No significant sonological abnormality detected.

USG REPORTS AFTER CONCEPTION:

1)Date scan on(13/05/2023)

Single live intra uterine pregnancy of 6wks 2days.

2) Date 24/06/ 2023(Nuchal Translucency scan)

Single live intra uterine pregnancy of 12wks 2days.

Nasal bone – NT- 1.44mm

No any fetal anomalies detected.

Placenta – posterior

Liquor – Adequate.

Cardiac activity present

3) Date 14/08/2023 (Anomaly scan)

Single live intra uterine pregnancy of 19wks 4days.

Variable presentation

FHS -141bpm

Placenta – Posterior

AFI – Adequate

EFW – 345 ±450 grams

4) Date 25/11/2023 (Growth scan)

Single live intra uterine pregnancy of 34wks 2days.

Cephalic presentation

FHS -131bpm

Placenta – posterior

AFI – Adequate 13.2cm

EFW – 2345 ± 234.5 grams.

DISCUSSION:

Becoming mother is the most cherished dream of all women. Rutu, Kshetra, Ambu and Beeja are the 4 essential factors for fertility. Defect in any of these results in Vandhyatva (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 Putraghni Vyapada Pitta Dushti causes abortion as Pitta is Ushna (hot), Tikshna which doesn't support maintenance of Garbha

VIRECHANA

In all samhitas, Virechana is indicated in all yonidosha / yonivyapads. Acharya Kashyapa has mentioned that Virechana is the best line of management in beeja and artava dushti. Virechana Karma has a direct effect on Agni sthāna (hampered Agni is one of the initiating factors information of vitiated Raja). It pacifies the vitiated Kapha and Vatadosha and removes only Vaikarika Pitta only & thus does Raktashodhana. It does the quality of Srotovishodhana, so it will help in eliminating the disease from its root(Rasavaha and Raktavaha srotas) rather than temporary relief from Artava Vikaras (menstrual disorders).

SHAMANA AUSHADI:

Sukumara Kashaya⁵ : drugs- punarnava dashamula, patola, kusha, sara pippali pippalimula, yastimadu, mridweeka, yavani and shunti. Most of the drugs having katu, tikta and Madura rasa, sheeta virya, katu vipaka, vata kapha shamaka. It is mainly used in case of all type of yonivyapad , artava dushti and vandhyatva, and it also has the antiinflammatory, antioxidant and antispasmodic properties.

Chandraprbha vati⁶ : it is consider as sarva roga pranaashini which cures all type of disease. It is mainly used in case of artavadushti , rasayana and balya, balances tridosha. It also has the qualityof anti inflammatory properties.

Pushpadanwa rasa⁷ : it pacifies the vata and pitta dosha. It is mainly used in case of infertility and also it act as garbhashtapaka.

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 :

Habitual abortion due to TORCH infection is a common complication leading to maternal morbidity. Although many work has been done in field but exact cause has not yet elicited. TORCH infections are the one among the major cause for early pregnancy loss and congenital birth defect. It is increasing day to day life due to modern stressful lifestyle and food habits which later on causes infection. Based on assessment of Doshas and Dhatus a likewise treatment is mentioned in this case. All the medicines were Garbhashtapaka, Rasayana and Balya , anti inflammatory, and antioxidant properties, which helps for conception and also for prevent infection.

REFERENCE:

1. Dutta D.C., Textbook of Gynecology, 5th edn., Jaypee Brothers Medical publishers (P) Ltd., New Delhi, 2013, p. 222-247.
2. Dutta D.C., Textbook of Gynecology, 5th edn., Jaypee Brothers Medical publishers (P) Ltd., New Delhi, 2013, p. 222-247.
3. Agnivesa, Dridhabala, Charaka, Caraka Samhita, Ayurved deepika Commentary, Vol.3, Chikitsa Sthana, Yoniroga chikitsa Adhyay, 30/28 Edited By Kaviraj Shree Narendranath Senagupta And Kaviiraj Shree Kalikatanagarya 1850:3459. Kolkata,
4. Sushruta, Sushruta Samhita, Vol.2, Nidana Sthana, Mudhagar bhanidana Adhyaya, 8/3 Edited By Kaviraj Kunjalal, Published By Author, Culcutta1911:55.
5. K R Shrikanth murthy, Astanga hrudaya chikitsa stana vol 2 publisher by chwkanbha Varanasi chap 13/41p. 399
6. Govinda dasji Bhisagratna, Bhaishajya ratnavali, prameha chikitsa, translation by Dr. Kanjivlochan, 1st ed. Vol.2, Chaukhambha Sanskrit bhawan: Varanasi; chp.37. p. 521-22.
7. Govinda dasji Bhisagratna, Bhaishajya ratnavali, vajikarana, translation by Dr. Kanjivlochan, 1st ed. Vol.3, Chaukhambha Sanskrit bhawan: Varanasi; chp.74. p. 521.