

AYURVEDIC MODALITIES IN *PUTRAGHNI YONIVYAPAD* W.S.R. TO RECURRENT ABORTION– A CASE REPORT

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Article Received on
29 March 2022,

Revised on 19 April 2022,
Accepted on 09 May 2022

DOI: 10.20959/wjpr20226-24199

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ABSTRACT

Motherhood is special gift for women. Recurrent abortions are described as three or more consecutive pregnancy losses. However, two successive defeats before 20 weeks are currently considered sufficient to define recurrent pregnancy loss.^[1] According to Ayurveda recurrent pregnancy losses can be compared to *putraghni yonivyapad*. According to *Charaka Samhita*, all the gynecological disorders are comprised under the twenty *yonivyapadas*, the *putraghni yonivyapad* is described under the same. It occurs due to vitiation of *vata dosha* caused by *vata prakopaka nidanas*, the aggravated *ruksha guna* of the *vata dosha* plays the dominant role in causing the repeated destruction

of the conceived foetus by vitiating the *shudha shonita*.^[2] Similarly, *Acharya Sushruta* has mentioned the *Putraghani yonivyapad* due to vitiation of *pitta dosha* leading to repeated loss in the products of conception with instability due to profuse *rakta sansrava*.^[3]

CASE REPORT

A Female patient of 29 years age, married two and half years ago came to NIA OPD with chief complaints of two recurrent pregnancy losses with associated complaints of dysmenorrhoea since 10 years and heavy menstrual bleeding since 4 years.

CONCLUSION

The Ayurvedic line of treatment *matra basti* with *dasmool tail* and oral drugs such as *lodhrasava*, *yograj guggulu*, *tab leptaden*, *avipatiker*, *pittantak* and *muktasukti bhasma* and

tab *kapikacchu* given before conception helped in restoration of pregnancy loss. After 9 months of regular follow up at our NIA OPD she delivered an alive male child of weight 3.4 kg through caesarean section.

INTRODUCTION

For having healthy progeny maintenance of pregnancy till full term is very important but early pregnancy loss is the most common obstetric complication, affecting more than two-thirds of all human conceptions.^[4] Clinically recorded pregnancy losses are very common affecting about 15–25% of the pregnancies.^[5] Recurrent abortions are described as three or more consecutive pregnancy loss. However, two successive defeats before 20 weeks are currently considered sufficient to define recurrent pregnancy loss.^[6]

According to *Charaka Samhita* all the gynaecological disorders are comprised under the twenty *yonivyapadas*, the *Putraghani yonivyapad* is described under the same. According to *Acharya Charaka* it occurs due to vitiation of *vata dosha* caused by *vata prakopaka nidanas*, the aggravated *ruksha guna* of the *vata dosha* plays the dominant role in causing the repeated destruction of the conceived foetus by vitiating the *shudha shonita*.^[7] Similarly, *Acharya Sushruta* has mentioned the *Putraghani yonivyapad* due to vitiation of *pitta dosha* leading to repeated loss in the products of conception with instability due to profuse *rakta sansrava*.^[8] Whereas *Acharya Harita* has described *Grabha sravi vandhaya*^[9] under the heading of *Vandhya*, which means the female who is though fertile but remains infertile (*Vandhya*) due to recurrent *Garbha srava* (loss of product of conception).

Case report: A female patient of 29 years age, married two and half years ago came to NIA OPD with chief complaints of two recurrent pregnancy loss for 2 years with associated complaints of dysmenorrhea for 10 years and heavy menstrual bleeding for 4 years.

Menstrual history: Patient attained menarche at the age of 13 years.

Menstrual history		Pad history	
L.M.P-02/02/2019			
Duration- 7 days			
Interval- 23 days			
Pattern	Regular	Day 1	5-6 pads soaked
Pain	Severe	Day 2	4-5 pads soaked
Clots	Absent	Day 3	4-5 pads soaked
Flow	Heavy	Day 4	4-5 pads soaked
Odour	Normal	Day 5	2-3 pads soaked
Colour	Dark red	Day 6-7	1 pad soaked

OBSTETRIC HISTORY**O/H:** G2P0L0A2**G1-** Spontaneous abortion of gestational age 10 weeks 2 years ago**G2-** Spontaneous abortion of gestational age 12 weeks 1.5 years ago**Contraceptive History:** Nil**Past Medical History:** Patient was taking thyroxine 50 µgm since 7 month.**Past Surgical History:** Patient had not gone under any general, gynaecological or any other surgery.**Family History:** Father having history of hypertension and diabetes.**Personal History****Diet:** Mixed both veg and non-veg,**Appetite:** Decreased**Sleep:** Disturbed**Bowel habits:** Clear**Micturition:** Clear**Allergy history:** Nil**Addiction:** None**EXAMINATION****1) Table no. 1: Description of Physical examination.**

G.C	Fair
Built	Moderate
Weight	60kg
Height	156 cm
BMI	24.65kg/m ²
BP	110/70
Pulse rate	76/min
Pallor	Absent

2) Table no. 2: Description of Systemic examination.

Respiratory system	Inspection – Bilateral chest symmetry Percussion -Normal resonant sounds heard Auscultation: Air entry bilaterally equal auscultated Palpitation -No any abnormality seen.
CNS	Pt. well oriented to person place and time
CVS	Auscultations – S1 S2- Present

3) Gynaecological examination

P/S: Cervix: Healthy, No erosions, No Ulcerations, No discharge present, Vaginal walls: Healthy

P/V: Cervix: Downward, Firm, Uterus: Anteverted Anteflexed, Normal in size, freely mobile, Cervical Motion tenderness: Non tender, All Fornices: Clear and Non- tender.

Ashtha vidha pareeksha

Nadi: 76/min

Mala: *Nirama*, once a day

Mutra: 4-6 times/ day and 1 times/night

Jivha: Alipta (uncoated) Sparsh: Anushan sheeta Druk: Avisheha

Akruti: Madhyama

Dashavidha pareeksha bhava

Prakuti: Vata-pittaja Vikruti: Vishma samveta Sara: Madhyama Samhana: Madhyama

Pramana: Madhyama Satmya: Madhyama

Ahara Shakti: Abhyavahrana Shakti: Madhyama, Jarana Shakti: Madhyama

Vyayama Shakti: Madhyama Vaya: Madhyama

Laboratory investigations

Haematological Parameters

Hb-11.5gm/dl

Biochemical Parameters

RBS-107mg/dl LFT -W.N.L

RFT-W.N.L

Serological Parameters: Torch test: Negative VDRL-Non reactive HIV- Non reactive Blood group- A+ve

Hormonal Assessment

S. prolactin: Before treatment: 43.89ng/dl on 13/09/2018 After treatment: 0.72ng/dl on 21/02/2019

TSH-1.89 μ IU /ml

Diagnosis: *Putraghani yonivyapada*

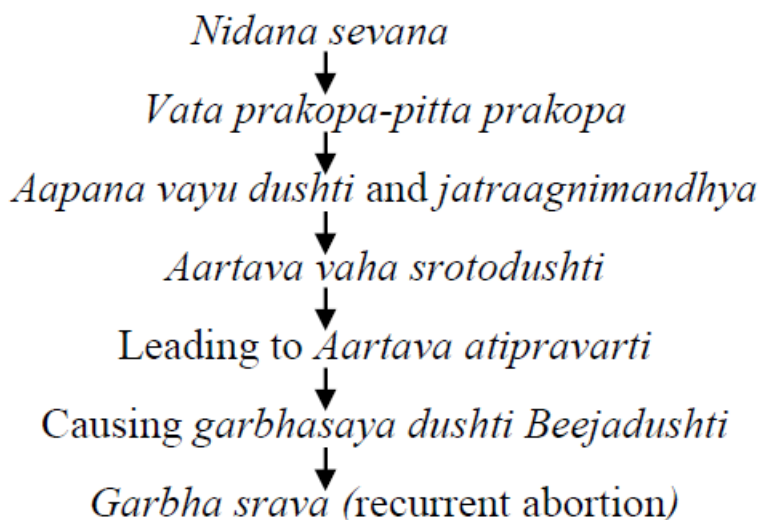
Modern correlation: Recurrent abortion.

Nidana

Aaharaja Nidana: Excessive intake of Black Gram, Curd, Pickles, Potato, Peas etc.; Vata-pitta prakopaka Aahara

Viharaja Nidana: Ratrijagrana, Atichintana.

Samprapti



Management

Following treatment protocol was implemented in this case.

- A) *Shodhana chikitsa:* *Matra Basti* with 60 ml *Dashmoola Taila*^[7] done for 7 days.
 B) *Shamana chikitsa:*

Table No 3: Description of *shamana chikitsa*.

Sr. No.	Drug Name	Dose	Timing of administration	Anupana
1.	<i>Avipattikar Churna</i> ^[10] – 3 gm <i>Pittantaka Churna</i> ^[11] – 1 gm <i>Muktashukti Bhasma</i> ^[12] – 500 mg	Twice a day	Before Food	Water
2.	<i>Tab. Leptaden</i> ^[13]	2 Tab BD	After Food	Water
3.	<i>Lodhrasava</i> ^[14]	20 ml BD	After Food	Equal amount of water
4.	<i>Yograj Guggulu</i> ^[15]	2 Tab BD	After Food	Luke warm water
5.	<i>Tab. Kapikachhu</i> ^[16]	1tab BD	After Food	Water

Special Advice

Excessive work, stress and pitta vitiating factors were restricted during the treatment.

OUTCOME

The patient got relieved from symptoms of dysmenorrhoea and heavy menstrual bleeding after three months of regular treatment. She missed her periods for which she done her UPT which was found positive on 25.5.2019. This line of treatment given before conception inhibits garbha srava and helped in restoration of pregnancy till full term. For restoration of pregnancy and for appropriate antenatal care she visited our NIA OPD regularly. she was diagnosed some heart problem and severe dyspnoea so she underwent elective caesarean section and delivered an alive male child of weight 3.4 kg on 7.1.2020 with normal APGAR score in some private clinic at Jaipur. Both baby and mother were healthy.

DISCUSSION

To become a mother is the most beautiful dream of all women. Motherhood is physiological event without which the life of woman is not complete. According to Ayurveda there are four essential factors for achieving fertility; that is *ritu* (season of fertile period), *kshetra* (Uterus), *ambu* (proper nutrient fluid) and *beeja* (Ovum). Defect in any of the four essential factors leads to *Vandhyatva*. Prime cause of abortion is *vata dosha* and *pitta dosha* vitiation *kshetra* (Uterus) and *beeja* (Ovum) plays a major role in *Putraghni Yonivyapad*. So, it should be given importance to keep the foetus well-nourished and protected throughout the whole pregnancy. The repeated loss of pregnancy is mainly due to intake of *ruksha ahara- vihara* in excessive amount which lead to *vata prakopa* which in turn causes *shonita* and *aartavadushti* resulting in *grabha vinasha*. *Acharya Susruta* has explained that the main cause of *Putraghni Yonivyapad* is vitiation of *pitta dosha* mainly due to *ushna* and *tikshana dravya*.^[17]

Considering the above facts, in this case study the ayurvedic medicine selected were having properties which mainly pacifies the aggravated *vata* and *pitta dosha*. As the patient was having dysmenorrhoea since 10 years *Dashmoola Taila Matra Basti*^[18] was selected as *Dashmoola Taila* is having *vata-shamaka* properties and *basti* itself is a good therapy for *vata*shodhana. *Yograj Guggulu*^[19] is indicated in *vata dosha* and it is having *Rasayana* properties and also mentioned as drug for *Vandhyatva*. For correcting aggravated *pitta dosha* the drugs *Avipattikar Churna*^[20] is selected for correcting *agnimandhya* and for proper formation of *dhatu*s and *updhatu artava* proper functioning. *Pittantaka Churna*^[21], *Muktashukti Bhasma*^[22] were selected for correcting aggravated *pitta dosha*. Patient was having symptoms of heavy menstrual bleeding for 4 years so *Lodhrasava*^[23] was selected due to its *ruksha, laghu guna have kapha pitta shamaka* property due to *kashaya rasa*^[24] it is

having *kapha –pitta shamaka* property^[25] the *sara and drava guna of lodhra*^[26] helps in reducing *pitta dosha* thus helped in correcting symptom of heavy menstrual bleeding.^[19] Tab Leptaden^[27] is having *Jeevanti* as main ingredient helps in preventing abortion by inhibiting biosynthesis of PGF2 α from uterine musculature. It helps in implantation of fertilized ovum and improve the environmental factor for nidation thus helping in sustenance of pregnancy. In this case prolactin hormone was raised so Tab *Kapikachhu* was selected as *Kapikachhu* is indicated in *vata dosha*, infertility and it also reduces increased level of prolactin hormone.^[28]

CONCLUSION

Recurrent abortions due to various causes is a common complication leading to maternal morbidity. It is a big emotional distress for the couples desiring child. This problem is increasing day to day due to stressful lifestyle and food habits. Result of this study showed that ayurvedic treatment protocol followed played an important role in treating the *Putraghni Yonivyapad* (recurrent abortions or miscarriage).

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