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# Maternal and reproductive health through Ayurveda for *Putraghni* : Case Study

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## ABSTRACT

Ayurveda has a long heritage of promoting and supporting pregnancy till term and aims in getting a successful progeny. The sequence of recurrent loss of pregnancies can be a distressing condition to motherhood. So, it is very important to overcome this devastating emotional fatigue. An Ayurvedic 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 such as *Shodhana* mainly *Virechana* and internal usage of *Phala Ghrita* along with other Ayurvedic formulations. Patient conceived and delivered a healthy child with a successful outcome.

**Key words:** *Putraghni Yonivyapat, Habitual abortion / recurrent pregnancy loss, Phala Ghrita*

## INTRODUCTION

Recurrent Miscarriage is classically defined as three or more consecutive pregnancy loss at 20 weeks gestation or less or with fetal weighs less than 500g.<sup>[3]</sup> In Ayurvedic literature, recurrent pregnancy loss can be co-related to *Putraghni yonivyapat* mentioned in *Charaka Samhita*.<sup>[1]</sup> In this *Putraghni Yonivyapat*, *Vayu* aggravated due to predominance of *Rooksa* properties of diet and repeatedly destroys the fetuses conceived with vitiated *Sonita*. *Chakrapani* explains that the foetuses of irrespective sex (male/female) are

destroyed.<sup>[4]</sup> *Putraghni Yonivyapat* if left untreated leads to *Vandhyatva* as a complication.<sup>[5]</sup> As mentioned in Ayurvedic classics, *Madhura*, *Balya*, *Jeevaniya* and *Rasayana Dravyas* are mainly helpful in preventing *Garbhasrava* and maintaining of pregnancy.<sup>[6]</sup>

## CASE STUDY

A 38 years old female patient, obese, house maker visited outpatient department of *Prasuti Tantra Evam Stree Roga* with complaint of no issues married since 4 years (non-consanguineous marriage). She had a history of regular periods she had a history of two abortions consecutively. In her first *Gravida*, termination of pregnancy by D&E was performed because of absence of fetal cardiac activity (4<sup>th</sup> month of pregnancy) and in 2<sup>nd</sup> *Gravida* with history of 2 month of amenorrhea complained of bleeding per vagina and dull pain leading to abortion and managed medically. Family history showed all family members were healthy. Her previous history showed she was under ovulation induction drugs and had failure of IUI for 5 times. Later, she conceived twice by following Ayurvedic medication. She underwent *Virechana*

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*Karma* as a *Shodhana* procedure. She was referred to SKAMC, PTSR OPD for better management.

### Investigations

Hb-11.8g%; RBC count-5.05 million/cu mm; TC - 9800 cells/cu mm; DC - Neutrophils - 60%, Lymphocytes - 38%, Eosinophils - 1%, Monocytes - 1%; Platelet count - 3.2 lakhs/mm; Hematocrit (PCV)-36%; MCV - 71.9fl; MCH - 19.8 pg; MCHC - 27.5%; ESR - 35 mm/hr; Urea - 32mg/dL; S. Creatinine - 0.8mg/dL; HCV – negative; Prothrombin time: Prothrombin Time PT - 12.8sec, INR - 0.9; Blood group and Rh factor - “A” positive; RBS - 88mg/dL; V.D.R.L - Non-reactive; HIV I and II – Negative; HBsAg – Negative; AMH - 1.28ng/mL; T3 - 120 ng/dL, T4 - 11.3 ug/dL, TSH - 1.76 uIU/mL; FSH - 5.86 mIU/mL; LH - 5.11 mIU/mL; PRL -16.88ng/mL; Free Testosterone - 12.21 ng/dL; AMH - 1.94 ng/mL on 11/3/16

HSG Examination - 30/3/2015- Impression: Patent right tube, Partial obstruction of left tube

HSG Examination - 14/6/2016- Impression: Normal study

Endometrial biopsy for HPE - 12/7/2016 - A) Proliferative phase – Endometrial biopsy B) Endometrial polyp- (one bit shows evidence of endometrial polyp).

No evidence of Koch’s seen.

USG Abdomen and Pelvis - 2/10/2017 - Visualized organs are within normal limits.

### Blood investigations of patient’s husband: 18/5/2016

RBS - 97mg/dL; Blood group and Rh factor - “O” positive; V.D.R.L - Non reactive; HIV I and II - Negative; HBsAg - Negative

**Semen Analysis: 18/5/2016** - Impression: Normospermia

### Vaiyaktika Vrutanta

- Appetite - normal
- Diet - mixed
- Bowel habits - Once a day, regular
- Bladder habits - 3-4 times a day, once at night.

- Sleep - sound
- Habits - coffee twice a day.

### General Examination

- Built - Obese
- Nourishment - Moderate
- Pallor - Absent
- Edema - Absent
- Clubbing - Absent
- Cyanosis - Absent
- Icterus - Absent
- Lymphadenopathy - Absent
- Height - 157 cms
- Weight - 80 Kg
- BMI - 33.7
- Pulse Rate - 78 beats/min
- BP - 130/80 mm Hg
- Respiratory Rate - 22 cycles/minute
- Heart Rate - 78/minute
- Temperature - 98 F
- Tongue - uncoated

### Systemic Examination

- RS - Normal vesicular breathing, no added sounds.
- CNS - Patient is conscious and well oriented.
- CVS - Normal. S<sub>1</sub> S<sub>2</sub> heard
- P/A - Soft, No Tenderness, Fatty abdominal wall, No scar present

### Ashta Sthana Pareeksha

- *Naadi* - 78/min
- *Mutra* - 3 - 4 times a day, once at night.
- *Mala* - once a day, regular
- *Jihva* - *Alipta*
- *Shabd* - *Prakruta*
- *Sparsha* - *Prakruta (Anushna Sheeta)*

- Drik - Prakruta
- Akriti - Sthoola

**Dasha Vidha Pariksha**

- Prakruti - Pitta-kapha
- Vikruti - Madhyama
- Bala - Madhyama
- Sara - Madhyama
- Samhanana - Madhyama
- Satmya - Madhyama
- Satva - Madhyama
- Pramana - Madhyama
- Ahara Shakti: Abhyavaharana – Madhyama
- Jarana shakti – Madhyama
- Vyayama shakti – Madhyama
- Vaya - Madhyama

**CHIKITSA****10/5/2018 - 24/5/2018**

1. Swamala compound 1tsp Bd before food followed by a glass of milk
2. Maha Kalyanaka Ghrita<sup>[7]</sup> 1 tsp Bd before food followed by warm water
3. Jeerakadyarishtam<sup>[8]</sup> 2tsp Tid with 4 tsp water after food
4. Tab Pushpadhanva Rasa<sup>[9]</sup> 1 Bd after food

**25/5/2018 - 03/6/2018**

Sarvanga Udvartana with Kolakulatthadi Churna<sup>[10]</sup> + Triphala Churna followed by Sarvanga Abhyanga with Brihat Saindhava Tailam<sup>[11]</sup> + Bhashpa Sveda for 10 days. Oral medications were discontinued for 10 days.

**Complaints on 04/06/2018**

c/o mild pain in lower abdomen and lethargy

**Treatment advised**

Mahakalyanaka Ghrita 1 tsp Bd before food followed by warm water and followup after 5 days.

**Follow-up on 09/06/2018**

Advised UPT - Positive

**Treatment advised**

1. T. Folvite 5 mg 1-0-0 (A/F)
2. Phala Sarpi 1 tsp Bd with milk before food.
3. Tab. Nirocil 1-1-1(A/F)
4. Jeevani syrup 2 tsp-0-2 tsp with 2 tsp water (A/F)

**Complaints on 25/06/2018**

Pt had 1 episode of p/v spotting.

Advised - USG-Pelvis

Impression: Single live intrauterine gestation of 6 weeks 6 days, Foetal cardiac activity is seen.

FHR - 147 bpm

**Treatment advised**

1. T. Folvite 5 mg 1-0-0 (A/F)
2. Phala Sarpi 1 tsp Bd with milk before food
3. Tab. Nirocil 1-1-1(A/F)
4. Jeevani syrup 2 tsp-0-2 tsp (A/F)
5. Yosha Jeevan Lehya 1tsp Bd with milk (A/F)

**Follow-up on 2/7/2018**

Weight - 81 Kg

BP - 110/80 mm Hg

P/A - Soft,

Uterus - not palpable

**Treatment advised**

1. Phala Sarpi 1 tsp Bd with warm water before food
2. Tab. Nirocil 1-1-1(A/F)
3. Yoshajeevan Lehya 1 tsp Bd with milk (A/F)

**Follow-up 08/08/2018**

Weight - 81 Kg

BP - 110/80 mm Hg

P/A - uterus ~12-14 weeks size

Adv - NTNB scan

**Treatment advised**

1. Phala Sarpi 1tsp Bd with warm water B/F
2. Tab. Nirocil 1-1-1(A/F)
3. Yoshajeevan Lehya 1 tsp Bd with milk (A/F)
4. T. HBZ-XT 0-1-0 (A/F)
5. T. Shelcal - 500 0-0-1 (A/F)

**Follow-up on 27/8/2018**

Weight - 83 Kg

BP - 120/80 mm Hg

P/A - uterus~16-18 weeks size

FHS - Good

**Treatment advised**

1. Phala Sarpi 1 tsp Bd with warm water (B/F)
2. Tab. Nirocil 1-1-1(A/F)
3. Yosha Jeevan Lehya 1tsp Bd with milk (A/F)
4. HBZ-XT 0-1-0 (A/F)
5. T.Shelcal - 500 0-0-1 (A/F)

**Follow-up on 14/09/2018**

Weight - 84 Kg

BP - 120/80 mm Hg

P/A - uterus ~ 18-20 weeks size

FHS - Good

Quickening - Present

**Treatment advised**

1. Phala Sarpi 1 tsp Bd with warm water (B/F)
2. Tab. Nirocil 1-1-1(A/F)
3. Yosha Jeevan Lehya 1 tsp Bd with milk (A/F)
4. T.HBZ-XT 0-1-0 (A/F)
5. T.Shelcal 500 0-0-1 (A/F)

**Follow-up on 03/10/2018**

Weight - 86 Kg

BP- 120/80 mm Hg

P/A- uterus ~ 20-22 weeks size

FHS – Good

FM - present

Adv. - Anomaly scan

**Treatment advised**

1. Phala Sarpi 1 tsp Bd with warm water (B/F)
2. Tab.Nirocil 1-1-1(A/F)
3. Yosha Jeevan Lehya 1 tsp Bd with milk (A/F)
4. T.HBZ - XT 0-1-0 (A/F)
5. T. Shelcal 500 0-0-1 (A/F)

**Follow-up on 24/10/2018**

Weight - 88 Kg

BP - 120/80 mm Hg

P/A - uterus ~ 22-24 weeks size

FHS – Good

FM – Present

**Treatment advised**

1. Phala Sarpi 1tsp Bd with warm water (B/F)
2. Tab.Nirocil 1-1-1(A/F)
3. Yosha Jeevan Lehya 1 tsp Bd with milk (A/F)
4. T.HBZ-XT 0-1-0 (A/F)
5. Shelcal 500 0-0-1 (A/F)

**Follow-up on 9/11/2018**

Weight - 90 Kg

BP- 120/80 mm Hg

P/A- uterus ~ 26-28 weeks size

FHS – Good

FM - present

**Treatment advised**

1. Phalasarpi 1tsp Bd with warm water
2. Tab. Nirocil 1-1-1(A/F)
3. Yosha Jeevan Lehya 1 tsp Bd with milk

4. T.HBZ-XT 0-1-0 (A/F)
5. T.Shelcal 500 0-0-1(A/F)

**Follow-up on 19/11/2018**

Weight - 91 Kg

BP - 130/80 mm Hg

P/A - uterus ~ 28-30 weeks size

FHS - Good

FM - Present

**Treatment advised**

1. Phala Sarpi 1 tsp Bd with warm water (B/F)
2. Tab. Nirocil 1-1-1 (A/F)
3. Yosha Jeevan Lehya 1tsp Bd with milk (A/F)
4. T.HBZ-XT 0-1-0(A/F)
5. T.Shelcal 500 0-0-1 (A/F)

**Follow-up on 30/11/2018**

Weight - 92 Kg

BP - 130/80 mm Hg

P/A - uterus ~ 30-32 weeks size

FHS - Good

FM - Present

**Treatment advised**

1. Phala Sarpi 1tsp Bd with warm water (B/F)
2. Tab.Nirocil 1-1-1(A/F)
3. Yosha Jeevan Lehya 1 tsp Bd with milk (A/F)
4. T.HBZ-XT 0-1-0 (A/F)
5. T.Shelcal 500 0-0-1 (A/F)

**Follow-up on 13/12/2018**

Weight - 93 Kg

BP - 130/80 mm Hg

P/A - uterus ~ 32-34 weeks size

FHS - Good

FM - Present

**Treatment advised**

1. Phala Sarpi 1 tsp Bd with warm water (B/F)
2. Tab.Nirocil 1-1-1(A/F)
3. Yosha Jeevan Lehya 1 tsp Bd with milk (A/F)
4. T. HBZ-XT 0-1-0 (A/F)
5. T.Shelcal 500 0-0-1 (A/F)

**DISCUSSION**

Woman is blessed because of procreative capability and if it's delayed and hampered can lead to lot of emotional distress. In Ayurveda, importance of progeny has been mentioned as a main source of love, happiness, satisfaction, spread of family tree, and fame. *Putraghni* is a condition in which there is recurrent loss of pregnancy due to excessive *Rooksha Ahara Vihara* and this leads to *Prakopa* of *Vata* and in turn leads to *Shonita* and *Artava Dushti* which results in repeated loss of *Garbha*.<sup>[12,13]</sup> In this condition, the medicines which are used contain *Garbhasthapaka Dravyas* which are *Madhura Rasa Pradhana Dravyas*, *Balya*, *Jeevaniya*, and *Rasayana*. These properties prevent *Garbhasrava* and maintain pregnancy. *Phala Ghrita* possess *Madhura Rasa* and having *Rasayana* properties which is also said to be *Prajavardhaka* and *Ayushya*.<sup>[14]</sup>

**CONCLUSION**

The patient delivered a healthy baby through LSCS with birth weight of 3.1kg on 7<sup>th</sup> January' 2019. By adopting *Virechana* as *Shodhana* and the above mentioned *Shamana Aushadha Yogas*, vitiated *Vata* and *Pitta* were normalized thereby recurrent loss of pregnancy was treated successfully. In this present case study, pregnancy was mainly achieved by Ayurvedic management and subsequently continuation of pregnancy was observed with appropriate growth and development of the fetus without any congenital anomalies. The baby after delivery was healthy with appropriate weight.

**REFERENCES**

1. Harish Chandra Singh Kushwaha (ed). Charaka Samhita with Ayurveda Dipika commentary by Chakrapani.

- Chaukhambha Orientalia, Varanasi. Reprint edition, Chikitsasthana, 30<sup>th</sup> chapter, Verse no 30/28,2012;pg803.
2. Pandit Sri Brahma Sanskara Misra. Bhava Prakasa of Sri Bhavamisra, with Sasilekha Sanskrit commentary, by Indu. Chaukhamba Sanskrit Bhavan, Varanasi. 2<sup>nd</sup> ed, Edition-2009, Verse-54-61, pg895.
  3. F.Gary Cunningham, Barbara L Hoffman, Joseph I Schaffer, Karen D. Bradshaw, Lisa M Halvorson, John O Schorge. Williams Gynecology. McGraw Hill, India. Chapter-6,pg143.
  4. Vd. Harish Chandra Singh Kushwaha (ed). Charaka Samhita with Ayurveda Dipika commentary by Chakrapani. Chaukhambha Orientalia, Varanasi. Reprint edition, Chikitsasthana, 30<sup>th</sup> chapter, verse no-30/28, 2012;pg803.
  5. Vaidhya Yadavji Trikamji Acharya (ed). Susruta Samhita with the Nibandhasangraha commentary of Sri Dalhanacharya. Chaumbha Surbharati Prakashana, Varanasi. Reprint-2010 verse-38/13, pg231.
  6. Vagbhata, Shivaprasad Sharma (ed). Astanga Sangraha with Sasilekha Sanskrit commentary by Indu. Chaukhamba Sanskrit Series Publication, Varanasi. verse-39/81, 2008;pg965.
  7. Agnivesha, Acharya Yadavji Trikamji (ed). Charaka Samhita revised by Charaka & Dridhabala, with Ayurveda Dipika commentary by Chakrapani Dutta. Chaukhamba Surabharathi Prakashana, Varanasi. edition-2011, chikitsasthana, 9<sup>th</sup> chapter, verse no-42, pg473.
  8. Kaviraj Sri Govinda Das Sen. Bhaishajya Ratnavali, English translation by Dr G Prabhakar Rao. Varanasi, Choukhamba Orientalia. 1<sup>st</sup> edition-2014, Volume-2, 69<sup>th</sup> chapter, verse no-129-132, 2014;pg600.
  9. Vaidya Pandit Hariprapana Sharmabhi Nirmata. Rasa yog Sagar. Chaukhambha Krishnas Das Academy, Varanasi. Volume-2, verse-1/867-875, pushpadhanwa rasa, Reprint-2010;pg60.
  10. Agnivesha, Acharya Yadavji Trikamji (ed). Charaka Samhita revised by Charaka & Dridhabala, with Ayurveda Dipika commentary by Chakrapani Dutta. Chaukhamba Surabharathi Prakashana, Varanasi. edition-2011, Sutrasthana, 3<sup>rd</sup> chapter, verse no-18, 2011;pg28.
  11. Kaviraj Sri Govinda Das Sen. Bhaishajya Ratnavali, English translation by Dr. G. Prabhakar Rao. Varanasi, Choukhamba Orientalia. 1<sup>st</sup> edition-2014, Volume-1. 29<sup>th</sup> chapter, verse no-222-226, 2014;pg845.
  12. Vagbhata, Shivaprasad Sharma (ed). Astanga Sangraha with Sasilekha Sanskrit commentary by Indu. Chaukhamba Sanskrit Series Publication, Varanasi. Reprint- 2008, verse 38/37, pg no-965.
  13. Vagbhata, Pandit Hari Sasashiv Sastri Paradskara Bhisagacharya. Astanga Hrudy, Sarvanga Sundara commentary of Arundatta and Ayurveda Rasayana commentary of Hemadri. Chaukhambha Saurabharati Prakashan, Varanasi. Reprint-2010, verse-33/34, pg no-956.
  14. Pandit Sri Brahma Sanskara Misra. Bhava Prakasa of Sri Bhavamisra, with Sasilekha Sanskrit commentary, by Indu. Chaukhamba Sanskrit Bhavan, Varanasi. 2<sup>nd</sup> ed, Edition-2009, verse-54-61, 2009;Pg894,895.

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