An Ayurvedic approach on Bad Obstetric History w.s.r. to Putarghni Yonivyapad: A Case Study

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ABSTRACT

Introduction: Spontaneous pregnancy loss can be physically and emotionally taxing for couples, especially when faced with recurrent losses. Recurrent pregnancy loss (RPL), also referred to as recurrent miscarriage or habitual abortion, is historically defined as 3 consecutive pregnancy losses prior to 20 weeks from the last menstrual period. Based on the incidence of sporadic pregnancy loss, the incidence of recurrent pregnancy loss should be approximately 1 in 300 pregnancies. In Ayurveda Putraghni Yonivyapad is described where repeated abortions or the early neonatal deaths are explained which are due to Artava Dosh, Rakta Dosa, Raktasrava and Raktakshaya. When we came across with descriptions given by different Acharyas we come to know that these all points came under the Bad Obstetric History described in modern science. As we all know that Ayurveda is a science of life.

Methods: In the present case study, a 34 years old women patient consulted to the OPD with the complaints of recurrent pregnancy loss in first trimester [5 Abortions]. Her hematological and sonographic reports were normal. Diagnosis was unexplained. She was supposed to be treated with Ayurvedic Shodhan and Shaman therapy.

Result: Only Ayurvedic protocol were used during the course of the treatment. After this, patient conceived after 3 months of treatment, and no evidence of abortion was found. She delivered a healthy baby.

Discussion: The present study shows the role of Ayurveda in bringing a positive result in the management of Putraghni Yonivyapad.

Keywords: Recurrent Abortion, Putraghni Yonivyapad, Ayurveda, Shodhan, Shaman

INTRODUCTION

Repeated (or Habitual) abortion refers to a history of repeated miscarriage, defined as three or more successive pregnancy losses.[1] Repeated miscarriage suggests the need for medical evaluation of a couple and ongoing care for what may be chronic problems (e.g., hormonal dysregulation, infection, etc.). The incidence of repeated miscarriage is 1% in India. The risk increases with each successive abortion reaching over 30% after 3 consecutive losses.[2] In Ayurveda infertility is defined in detail based on its causative factors, and clinical presentations. Some such contexts are Jataharini, Putraghni and Asrijayonivyapad. According to Ayurveda classics, repeated miscarriage (Putraghnionivyapada) is an inflammatory condition spelled "early pregnancy loss".[3] It is clear that maternal genital tract infection plays an important role in sporadic spontaneous abortion.

Considering causes mentioned in the classics seems similar to modern science. Indulgence of Aharaja, Vihara and Manisakanidana like stress-induced hormonal disturbances leads to Apanakshetradushti, Vataprakopa which causes disturbances in menstruation like painful menstruation and Garbha development. Considering Hetu, Sthana, and clinical symptoms Shodhana Chikitsa like Virechana, Basti and Uttarbasti holds promising results.[4,5] Considering the need for Shodhana in this case, firstly patient showed a history of miscarriage [repeated], which shows Vatadushti, Srotas involved are Rasavaha and Artavavaha Srotas which are Matrijaavayava. The
second one is Kshetra involvement which is Apanavatakshetra. Mentioning the above symptoms is Bahudoshavastha, hence, needs Shodhana. Thorough examination, investigations, and sonological examinations were done. Shamaushadhis like Phalaghrita and Chandraprabhavati, Grabhpalrasa have been given, and periodically follow-up were taken.

**CASE STUDY**

Age: 34 yrs female
Occupation: Housewife
Socio-economic Status: Middle

Chief complaint: Came to OPD with complaint of unable to convince along with stress and fear of previous 5 abortions.

**History of present illness**
A 34-year female patient, came in OPD with complaints of recurrent abortion losses in first trimester [5 Abortions]. Her hematological and sonographic reports were normal. Patient was managed conservatively.

**Past History**
N/K/C/O - Diabetes/Hypothyroidism/ HTN
PCOD/ no specific history of pelvic infections; no h/o D&C

Familial history - not specific

**Menstrual history**
Menstrual cycle - regular, lasts for 4 days, pain in lower abdomen on first 2 days of menstruation.
Interval - 30-32 days
Blood flow - normal in first 2 days

**Clinical findings**
Built - normal
Height - 5.2ft
Weight - 60kg
Gait - normal
Blood pressure - 120/70 mmHg
Pulse - 68/min
Temp - 98.3°F

**Systemic examination**
Cardiovascular - normal rhythm, no added sounds
Respiratory - normal vesicular breathing sounds
Central nervous system - normal.

Urogenital system - healthy cervix with no discharges, and tenderness.
Per vaginal - normal size, bilateral free fornix

**Ashtavidha Pareeksha**
Nadi - VK
Jihva - Sama
Mala - twice in a day
Mutra - Samyak
Shabda - Samyak
Sparsh - Anushnaletesa
Drika - Samyak
Aakrti - Madhyam

**Dasavidha Pareeksha**
Prakrti - VK
Sara- Maansasaar
Samhanan - Madhyam
Pramaan - Madhyam
Satmya - Sarva Rasa
Satva - Madhyam
Aahar Shakti - Madhyam
Vyayaam Shakti - Madhyam
Vaya - Yuva
Desha - Aanupa

**Investigations**
All hematological and sonographical investigations were normal.
### Treatment Protocol

1. **Shodana Karma**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deepan Pachana</td>
<td>Chitrakadivati - 1tds x 5 days [before meal]</td>
</tr>
<tr>
<td></td>
<td>Avipattikar Churna - 1/2 tsp-tds x 5days [before meal]</td>
</tr>
<tr>
<td>Snehpana</td>
<td>Phalaghrita x 5 days</td>
</tr>
</tbody>
</table>

2. **Shaman Aushada**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phalaghrita Pana</td>
<td>10ml with 200ml milk (empty stomach)</td>
</tr>
<tr>
<td>Chandraprabha Vati</td>
<td>2 bd (for one cycle)</td>
</tr>
<tr>
<td>Grabhpalrasa</td>
<td>1 tds (For 3 cycle)</td>
</tr>
<tr>
<td>Dashmoola Kwatha</td>
<td>15ml bd after meal (for 3 cycles)</td>
</tr>
<tr>
<td>Ajmodaadi Churna</td>
<td>5gm with warm water (HS)</td>
</tr>
</tbody>
</table>

**Shodana Karma**

1st **Virechana Plan**

- Deepana Pachana for 5 days
- Chitrakad Vati - 1tds
- Avipattikar Churna - ½ tsp tds
- Snehpana with Phalaghrita for 5 days (till Samyak Lakshana of Snehpana achieved)

2 days Sarvanga Abhyanga and Swedana done.

Virechana with Trivrut Avaleha with warm water was done under observation.

Total Vega - 17-18 Noted.

Madhyam Suddhi Lakshana observed.

After that Samsarjana Karma followed for 5 days.

**Shamana Aushada** prescribed for 15 days

- Phalaghrita Pana - 10ml followed by 200ml Godugda [early morning]
- Chandraprabha Vati - 2bd
- Garbhapala Rasa - 1 tds
- Dashmoola Kwatha - 15ml with equal amount of water
- Ajmodaadi Churna - 5gm HS

### Result

After three sitting of Uttarbasti for three consecutive cycles, along with Shaman Aushadi, she reported with amenorrhea and found urine pregnancy test positive. Confirmed the pregnancy by USG, as single live intrauterine fetus.

Patient regular came for ANC Checkup. She delivered a healthy baby.

### Discussion

Becoming mother is the most cherished dream of all women. Ritu, Kshetra, Ambu and Beeja are the four essential factor for fertility. Defect in any of these result in miscarriages (infertility). Vata is prime cause of Abortion. In Putraghni Yonivyapada (Repeated Abortion) Kshetra and Ambu plays major role. Repeated Abortion take place due to Ruksha Ahara and Vihara thus lead to Vataprakop which in turns causes Shonita and Artava Dushti result in Garbha Vinasha (Foetal loss).[7,8] Thus, the medicine used in this study have Garbhasthapaka Gana.

**Mode of action**

Acharya Kashyapa has mentioned that Virechana is the best line of management in Beeja and Artavadushti. After proper administration of Virechana, only these results are going to be achieved.[9] Virechana Karma has a direct effect on Agnisthana (hampered Agni is one of the initiating factors information of vitiated Raja).

यथा दोषं विशोधयेत्।..... अग्नि: प्रजाश्च.....॥

विरेचन.....बीजं भितत कार्मुकर््....गभाुशयासृजी॥

विरेक.....॥ (का.सं.सस. 2/5-7,13)

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).

Phalaghrita helps the women to achieve the conception and cures the females genital tract.
disorder.\(^{[18]}\) It is Vatahara, Balya, Deepan, Pachana, Vataanulomna and Shothahara.

**Krimignha, Bruhaniya, Garbhaba and Rasayana** thus helps in nourishment of reproductive organs and baby later. It helps in proper development of endometrium and follicles, so result in healthy progeny.

**Chandraprabha Vati** has properties like Vata-Pitta-Kaphahr, B Alya, Vrushya and Rasayana. It helps in correcting an anovulatory cycle.

**Garbhapala Rasa** gives sustaining effect by preventing foetal loss. It also helps in disorders during pregnancy such as *Shiroshula* (headache), *Chhardi* (vomiting), *Atisara* (diarrhoea) and *Unmada* (hysteria), Eclampsia etc.

**Dashmool Kwatha** - Collective properties of *Dashmool Kwath* are Katu Rasa, Katuvipaka, *Laghu-Ruksha Guna* and *Ushna Veerya*. By virtue of this properties *Dashmool* act as *Aamapachana* and remove the *Avarana* of *Kaphadi Doshas*. As *Dashmool* is *Ushnaveerya* and other properties associating to that are acting on *Vata Dosha* also. It has potent anti-inflammatory and uterine tonic action.

**CONCLUSION**

Ayurvedic medicine, an ancient holistic healing system, has gained attention in the context of modern medicine and In Vitro Fertilization (IVF). While *Ayurveda* offers a unique approach to health and wellness, its role in conjunction with modern medicine and IVF is a subject of debate. The incidence of repeated abortions is increased due to modern stressful lifestyle & food habits. While treating the patients of bad obstetric history one should go thoroughly examination of patient followed by the proper line of treatment only then we will get the fruitful outcome. When we came across the causes of bad obstetric history, we come to know that the integrative approach is helpful rather the individual Ayurvedic or modern approach in treatment. Here in present case study of repeated abortions is treated by Ayurvedic treatment only.

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