



ISSN 2456-3110

Vol 8 · Issue 8

August 2023

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

Indexed

# An Ayurvedic approach on Bad Obstetric History w.s.r. to *Putarghani 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 Dosh*, *Raktastrava* 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*.

**Key words:** 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.<sup>[1]</sup> 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.<sup>[2]</sup> 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 (*Putraghniyonivyapada*) is an inflammatory condition spelled "early pregnancy loss".<sup>[3]</sup> 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*, *Viharaja* and *Manasikanidana* like stress-induced hormonal disturbances leads to *Apanakshetradoshti*, *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.<sup>[4,5]</sup> Considering the need for *Shodhana* in this case, firstly patient showed a history of miscarriage [repeated], which shows *Vatadoshti*, *Srotas* involved are *Rasavaha* and *Artavavaha Srotas* which are *Matrijaavayava*. The

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Submission Date: 12/06/2023 Accepted Date: 25/07/2023

Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.8.8.35

second one is *Kshetra* involvement which is *Apanavata* *kshetra*. Mentioning the above symptoms is *Bahudoshavastha*, hence, needs *Shodhana*. Thorough examination, investigations, and sonological examinations were done. *Shamanaushadhis* 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 conceive 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* - Anushnsheeta

*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**

<i>Deepana Pachana</i>	<i>Chitrakadivati</i> - 1tds x 5 days [before meal] <i>Avipattikar Churna</i> - 1/2 tsp-tds x 5days [before meal]
<i>Snehpana</i>	<i>Phalaghrita</i> x 5 days

**2. Shaman Aushada**

<i>Phalaghrita Pana</i>	10ml with 200ml milk (empty stomach)
<i>Chandraprabha Vati</i>	2 bd (for one cycle)
<i>Garbhpalrasa</i>	1 tds (For 3 cycle)
<i>Dashmoola Kwatha</i>	15ml bd after meal (for 3 cycles)
<i>Ajmodaadi Churna</i>	5gm with warm water (HS)

**Shodana Karma****1st Virechana Plan**

*Deepana Pachana* for 5 days

*Chitrakadi 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
- *Ajamodaadi 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.<sup>[6]</sup> 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).<sup>[7,8]</sup> 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.<sup>[9]</sup> *Virechana Karma* has a direct effect on *Agnisthana* (hampered *Agni* is one of the initiating factors information of vitiated *Raja*).

यथा दोषं विशोधयेत्।..... अग्निः प्रजाश्च.....॥

विरेचन.....बीजं भवति कार्मुकम्....गर्भाशयासृजी॥

विरेक.....॥ (का.सं.सि. 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.<sup>[10]</sup> It is *Vatahara*, *Balya*, *Deepan*, *Pachana*, *Vata anulomna* and *Shothahara*.

*Krimighna*, *Bruhaniya*, *Garbhada* 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-Kaphahar*, *Balya*, *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 *Ummada* (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 *Dashmoola* 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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**How to cite this article:** Manisha Kumari, Jitesh Kumar Panda, Suniti Tanwar. An Ayurvedic approach on Bad Obstetric History w.s.r. to Putarghani Yonivyapad: A Case Study. *J Ayurveda Integr Med Sci* 2023;08:230-233. <http://dx.doi.org/10.21760/jaims.8.8.35>

**Source of Support:** Nil, **Conflict of Interest:** None declared.