



Case Study

AYURVEDIC MANAGEMENT OF *PUTRAGHANI YONIVYAPADA* (RECURRENT ABORTIONS): A
CASE REPORTLata Rai^{1*}, Uttara Kumar Chaturvedi², Poonam Choudhary³, K.Bharathi⁴¹PG Scholar, Prasuti Tantra and Stree Roga Department, ²PG Scholar, Panchkarma Department, ³Assistant Professor, ⁴Head of PG Department of Prasuti Tantra and Stree Roga Department, National Institute of Ayurveda, Jaipur, India.

Article info

Article History:

Received: 27-02-2022

Revised: 06-03-2022

Accepted: 18-03-2022

KEYWORDS:

Vandhya,
Phalaghrita,
Recurrent abortion,
Indukantaghrita.

ABSTRACT

Recurrent miscarriages are characterized as three or more spontaneous abortions in a row before the 20th week. In the majority of instances, genetic factors, immunological and endocrine factors, infection, and unknown causes are the most common causes of first trimester abortion. Hormonal therapy, heparin injection, and immunotherapy are the available treatments. In this case study, the patient had three abortions during the first trimester. Because all of the tests came out normal, the diagnosis of unexplained recurrent abortions was made. For 40 days before conception, the patient was treated with Ayurvedic medications such as *Indukanta Ghrita*, *Phalaghrita*. The patient was conceived with these drugs, and later *Phalaghrita* and other medicines were given for the duration of the pregnancy. Ayurvedic medicine is an effective way to deal with recurring abortions.

INTRODUCTION

Infertility is defined by *Harita Samhita* as *Garbhastravi Vandhya* (repeated abortion). It was evaluated in the context of *Jataharinis*, *Putraghanis* and *Asrija Yonivyapada*, all of which refer to many abortions^[1]. Because the foetal parts would have stabilized by this time, the ejection of a foetus up to the fourth month of pregnancy is called *Garbha-Strava* (abortion), then *Garbhapata* in the fifth and sixth months. Ayurvedic classics describe *Durdhara Jataharini* (1st trimester abortion), *Vasya Jataharini* (2nd trimester abortion), *Putraghni* and *Asrija* or *Apraja*, *Yonivyapadas* (repeated abortion). In *Rasa and Shukrapradoshaja Vikara*, *Acharya Charaka* discussed it.^[2] The aetiology indicated in modern writings is quite similar to the aetiology mentioned in ancient scriptures. Considering the causes of abortions, *Yonivyapda* and *Jataharini*, the following elements could be held liable for abortion:^[3]

- *Jataharini*'s
- *Krimi* (infectious maternal or foetal)

- *Aghata* (physical or psychological trauma)
- *Bijadosa* (chromosomal defect)
- *Yonidosha* (anatomic abnormalities of the reproductive system)
- *Artavadosha* (hormone abnormalities)
- *Kaladosha* (late secretary phase impregnation or age factor)
- *Aahara* (diet)
- *Vihara* (abnormal mode of life)
- Aggravated *Vayu* located in *Shukra*

This aggravates *Apanavayu*, which causes pain in the flanks, lower abdomen, bladder neck, and other areas, as well as bleeding in the young foetus. It is one of the eighty illnesses associated with *Vata*. Many formulations have been mentioned in Ayurvedic classics, in repeated abortion as the most aggravated *Dosha* is *Vata*, thus the medications were chosen based on the vitiated *Dosha* and management in recurrent abortions.

Case Report

History

A female patient 'X' aged 32 years, married life-3 years housewife, registered from the Outpatient Department (OPD No. 58373), Department of Stree Roga and Prasuti Tantra, National institute of Ayurveda Jaipur on 31st October 2020, with complaints of repeated abortion for 3 times and unable to

Access this article online

Quick Response Code

<https://doi.org/10.47070/ijapr.v10i3.2292>Published by Mahadev Publications (Regd.)
publication licensed under a Creative
Commons Attribution-NonCommercial-
ShareAlike 4.0 International (CC BY-NC-SA 4.0)

conceive since 3 years. After 9 weeks of her first pregnancy, no foetal heart sounds were found. The patient was K/C/O of PCOD and Hypothyroidism, she has taking thyroxine. There was history of taking treatment for ovulation induction. The patient was receiving treatment for the one side tubal blockage, but it did not improve. Her menstrual cycle was irregular, lasting 4-5 days and with an irregular interval of 40-45 days, but she had normal menstrual blood flow and no other symptoms. Her last menstrual period (LMP) was on December 1st, 2020. The patient had a history of miscarriages in the second and third months of pregnancy, which she had to deal with twice with suction dilation and curettage (D&C). The results of the entire examination proved that the study was normal. There had been no previous medical issues with the patient. Her family history does not reveal any abnormality.

Clinical Findings

The patient was found to be of normal built on general examination, with a height of 152cm and a weight of 60kg. Pulse rate was 68 beats per minute, blood pressure was 130/80mm Hg, temperature was 98.4°F, and respiration rate was 19 beats per minute, all of which were within physiological norms. *Kapha Vataja* was found to be *Prakriti*. There is no evidence of pallor. There were no abnormalities in the respiratory, cardiovascular, or central neurological systems. The abdomen was examined and found to be normal. The urogenital system indicated a healthy cervix with no discharges, as well as a normal size, anteverted uterus, and bilateral free fornix on per vaginal examination.

Diagnostic Assessment

The factors responsible for repeated abortion, like genetic factors, immune factors, endocrine factors, and infection, were ruled out. Her complete blood count (CBC), fasting blood sugar (FBS), thyroid function test (TFT), liver function test (LFT), renal function test (RFT), lipid profile, serum follicle stimulating hormone (FSH), luteinizing hormone (LH), Sr. prolactin, toxoplasma, rubella, cytomegalovirus, herpes (TORCH simplex)-IgG/IgM, antiphospholipid antibody (APLA), and anti-lupus coagulant (ALC) were within normal range. Her blood group was B Rh positive. The karyotype of retained product of conceptus (RPOC) toxoplasma and rubella IgG antibody was present and ultrasonography (USG) was revealed to be normal.

TFT (Thyroid Function Test)- Within normal range.

LFT (Liver Function Test)- Within normal range.

Hormonal profile- Within normal range.

BSL (Blood Sugar Level)- Within normal range.

BUL (Blood Urea Level)- Within normal range.

TORCH (Toxoplasma, Rubella, Cytomegalo Virus)-

IgG positive which suggest previous infection

IgM- Negative

AFPA (Anti-phospholipid antibody)- Within normal range.

Blood group- B Rh positive.

Provisional ayurvedic diagnosis- *Garbhasrāvi vandhyātva* (recurrent abortion)

Therapeutic Assessment and Outcomes

Initially, the patient was counseled, and her worry and concern about the current pregnancy being aborted were alleviated. The advantages of medications were also thoroughly outlined to her. Oral medications were started on the first appointment and were kept for 40 days. In the luteal phase of the cycle, a folic acid tablet, *Indukanta Ghrita* (5 gm OD) in evening, *Phalghrita* (5 gm=OD in morning), (Table 1) were given for about 1 and half month till her urine pregnancy test (UPT) became positive. Pregnancy was confirmed using UPT. After this medication, her LMP was noted as December 1st, 2020 and her calculated expected delivery date (EDD) is 30th September 2021. The patient was then instructed to continue taking the above-mentioned medications throughout the pregnancy, with the addition of tablets *Punarnava Mandoora* and *Muktashukti Bhasma* in the second and third trimester periods. USG (obs.) was performed at regular intervals to track the foetus's development. follow up is going on regarding time of pregnancy all appropriate investigations were completed, all of which came back normal.

Table 1: Treatment Administered

Formulation	Dose	Anupan
<i>Indukanta Ghrita</i>	5 gm	<i>Ksheer</i>
<i>Phalghrita</i>	5 gm	<i>Ksheer</i>
<i>Bhuvneshwar churna</i>	5gm	Water
<i>Taruni kuskumakar churna</i>	5gm	Water
<i>Ashwagandha churna</i>	4gm	Water
<i>Godanti bhasma</i>	500 mg	<i>Ksheer</i>

DISCUSSION

Preconception Ayurvedic medication was crucial in extending the pregnancy beyond the first trimester. The major *Dosa* of *Vandhatya*, according to *Acharya*, is *Vata*.^[4] Estrogen-dependent glycogen is the energy supply for the female reproductive system. Estrogen raises the amount of glycogen in the uterus, hence any decrease in uterine glycogen is a sign of oestrogen deprivation. Only a healthy female genital system can lead to normal sexual function and conception.

Pre-conceptional Ayurvedic medication played a significant impact in the continuation of the pregnancy beyond the first trimester in this case. With *Laghu* (light), *Ushna* (hot), *Tikshna*, *Ruksha* (dry), *Vishad*, *Lekhana*, *Pachana* (digestive) and

Srotoshodhana properties, [5] *Indukanta ghrta* (Ref: *Sahastrayoga, Ghrta prakarana:5*) helps remove *Aavarana* of *Kapha* in *Artavavahasrotas* and imparts an effect on follicular growth with the release of a healthy ovum, promotes fertility, and reduces body weight. In *Indukanta ghrta, Dashmool varga's gokshur* and other substances aid to heal vitiated *Vata*, as well as supporting proper lymphatic function, balancing the *Kaphadosha*, and promoting detoxification. *Bhuvneshwar churna* also has a hypolipidemic impact, aids in blockage clearance, and restores normalcy to the *Rasavaha* and *Medovaha Srotas*. *Ashwagandha* is a uterine tonic that also contains *Tridoshashamanatva* properties. It's used to prevent abortion by increasing endometrial receptivity.[6]

According to *Vagbhatta, Phalaghruta* (Ref: *Astangahrdaya, Uttarthana, Adhyaya 34: 63-67*) aids in conception and is the most effective treatment for all female genital tract diseases[7]. *Vatahara, Balya* (tonic), *Brihaniya* (nourishing), *Garbhada* (fertilisation), and *Rasayana* are the names of the remedies. The in vivo action of *Phalasarpi* in female rats considerably

boosted serum oestrogen levels and body weight, according to the study.[8] *Phalasarpi* most likely activates the pituitary-ovarian axis. The enhanced gonadotropin secretion, which governs the activity of enzymes involved in ovarian steroidogenesis, is indicated by this experiment, which demonstrates a rise in the value of estradiol after administration of *Phalasarpi*. *Phalaghrta* is the most recommended *Ghrta* in the treatment of infertility and recurrent abortion.[9]

Rasa and *Rakta* (blood) are crucial for foetal nutrition in the first trimester, hence *Rasayana* (rejuvenative) *Dravya* began. Most of *Punarnava Mandoor's* ingredients have substantial effects on *Raktadhatu* and prevent frequent problems during pregnancy, such as *Panduta* (pallor), *Agnimandya*, *Ajeerana* (indigestion), *Udarshoola* (abdominal discomfort), *Krimi* and *Shotha* (inflammation). *Punarnava (Boerhavia diffusa L.)* and *Gomutra* (cow urine) have *Mutrala* (diuretic) and *Shothahara* (anti-inflammatory) qualities, which help the medicine work in *Garbhinishotha* (oedema during pregnancy).[10]

Table 2: Timeline of events

S.No	Date	Summary	Investigations	Procedures/Medicines
1.	31st October 2020	First visit of patient, she was, much worried for infertility and repeated abortion. Last abortion occurred 1 year ago H/O PCOD Hypothyroid Tubal blockage	Previous reports revealed normal study. Only thyroid function test (TFT) and USG (pelvis) were advised. Previous reports revealed normal study. thyroid function test (TFT) and USG (pelvis) HSG-Test TORCH test were advised	Oral medication (for 45 days) <i>Indukanta Ghrta</i> (5gm) with <i>Ksheer</i> OD <i>Phalghrit</i> (5gm) with <i>Ksheer</i> OD <i>Kutaj Bala Beej</i> (3gm) with water <i>Erand Mool Yava kuta</i> in <i>Kwath</i> form (3gm) with water Other medicine <i>Bhuvneshwar churna</i> (5gm) with water <i>Taruni kuskumakar churna</i> (5gm) with Water <i>Ashwagandha churna</i> (4gm) with water <i>Godanti bhasma</i> (500mg) with <i>Ksheer</i>
2.	15 th November 2020	First follow-up	USG (pelvis) (25th March 17) revealed normal study and normal thyroid level	Oral medication (as above)
3.	30 th November 2020	Second follow-up	Yoga (<i>Anulom-vilom, pranayam</i>) and exercise advised	Oral medication (as above)
4	15 th January 2021	Overdue of menses 10 days, LMP- Ist Dec 2020 and EDD- 30th Sep 2021	UPT positive Antenatal care profile test CBC, FBS, HIV, venereal diseases research laboratories (VDRL), HBsAg, and urine (R/M)	Oral medication (as above)

			were advised	
5	5 th may 2021	Fifth follow-up Amenorrhoea of 5 months	USG normal level II scan advised for any congenital anomaly	<i>Punarnavadi Mandoor</i> (500mg) + <i>Muktashukti Bhasma</i> (500mg) <i>Punarnavadi Mandoor</i> (500mg) + <i>Muktashukti Bhasma</i> (500mg)
6		Patient is under follow up and pt delivered FTCS* male child on 05/09/21		

CONCLUSION

Thus, *Phalaghrita* and *Indukanta ghrita* are particularly beneficial in preventing recurrent abortions and ensuring a successful pregnancy. Furthermore, it is a preferable option to hormonal therapy because it has no negative effects. Only Ayurvedic medicine works marvelously in this circumstance, where all other modern procedures fail. Ayurveda has the ability to treat problems in a unique approach.

REFERENCES

- Harihar Prasad Tripathi, editor. Harita Samhita of Harita, Tritiya Sthana, Ch. 48, Ver. 1-6, 1st ed. Varanasi: Chaukhamba Krishnadas Academy; 2005. p.448.
- Ambikadutta Shastri, editor. Sushruta Samhita of Sushruta, Part-II, Nidana Sthana, Ch. 8, Ver. 10, reprint
- Neelam Kumari Singh et al. 252ed. Varanasi: Chaukhamba Sanskrit Sansathan; 2012. p.339.
- Brahmanand Tripathi, editor. Charaka Samhita of Agnivesha, Part-II, Chikitsa Sthana, Ch. 30, Ver. 125, reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2006. p.1033.
- Sreeja Raj Physicochemical Analysis of Indukanta Ghrita, IJAPC Int J Ayu Pharm Chem 2019 Vol. 11 Issue 2;360-366.
- Sharma PV, editor. Shushruta Samhita of Sushruta, Vol. 2, Chikitsa Sthana, Ch. 38, Ver. 82, 1st ed. Varanasi: Chaukhamba Vishwabharati; 2000. p.651.
- Gupta A, editor. Ashtanga Sangraha of Vagbhata, Uttara Sthana, Ch. 39, Ver. 84, reprint ed. Varanasi: Chaukhamba Krishnadas Academy; 2005. p.340.
- Muralikumar V, Shivasrkar M. Fertility effect of Ayurvedic Medicine (Phalasarpi) in Animal Model. Int J Res Ayurveda Pharm 2012;3(5):664-667.
- Gupta A, editor. Ashtanga Sangraha of Vagbhata, Uttara Sthana, Ch. 39, Ver. 81-85, reprint ed. Varanasi: Chaukhamba Krishnadas Academy; 2005. p.340
- Namudirimatha, editor. Ashtanga Hridaya of Vagbhata, Uttara Sthana, Ch. 34, Ver. 63-67, 1st ed. Varanasi: Chaukhamba Krishnadas Academy; 2007. p.583.
- Bhramshankar Mishra, editor. Bhavaprakash Nighantu of Bhava Mishra, Part-2, Chikitsa Sthana, Ch. 70, Ver. 54-59. Varanasi: Choukhamba Sanskrit Series; 1964. p.730.

Cite this article as:

Lata Rai, Uttara Kumar Chaturvedi, Poonam Choudhary, K.Bharathi. Ayurvedic Management of Putraghani Yonivyapada (Recurrent Abortions): A Case Report. International Journal of Ayurveda and Pharma Research. 2022;10(3):88-91.

<https://doi.org/10.47070/ijapr.v10i3.2292>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Lata Rai

PG Scholar,
Department of Prasuti Tantra and
Stree Roga,
National Institute of Ayurveda,
Jaipur.
Email: dr_latarai1982@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.