



**A WHOLISTIC APPROACH TO PUTRAGHNI YONIVYAPAD WITH SPECIFIC
REFERENCE TO HABITUAL ABORTION - A CASE STUDY**

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ABSTRACT

Ayurveda is renowned as a medical system although medicine is a small portion of the voluminous tapestry of its knowledge. It seeks to generate equilibrium at all levels of a person's being including women's health as health of the family, society and culture that revolves around a woman depends to a larger degree on her health. Good health bestows a state of harmony which directly impacts fertility, pregnancy and motherhood. Habitual abortion/Recurrent Miscarriage is still one of the most discouraging conditions to deal with in the field of medicine. This entity can be correlated to the description of *Putraghni yonivyapad* mentioned by *acharya Sushruta*. There is mention of four different general causes for the manifestation of twenty *yonivyapads* by *acharya Charaka* and some of the etiological factors related to habitual abortions are categorised under three trimesters of pregnancy in contemporary text books. Thus, a case of 38 year old obese female with history of two spontaneous abortions managed with *yuktivyapashraya* and *satvavajaya chikitsa* is discussed with an intent to throw light on wholistic approach with *bahirparimarjana chikitsa*, oral medications and counselling.

KEYWORDS: *Putraghni yonivyapad, bahirparimarjana chikitsa.*

INTRODUCTION

Ayurveda explores life in all its layers and pays more attention to an organism's energies and their functions than to the structures which contain them. A living human being is a body-mind-spirit complex. Mind-body medicine is becoming popular today, driven by scientific discoveries that the endocrine, nervous and immune systems are all closely interconnected. This theory is conspicuous as far as the physiology of female reproduction is concerned. Any minute variation in physical and psychological entity within or outside the body is likely to upset her routine and twice as much in pregnancy. *Putraghni yonivyapad*^[1] is a *pittaja yonivyapad* according to *acharya Sushruta*, characterised by repeated loss of products of conception after attainment of stability due to *rakta samsrava* involving *pitta* and *vata dosha* mainly in the *samprapti*. Our *Acharyas* have put across the facts that the two types of *doshas* such as *shareerika* and *manasika*^[2], which get aberrated to manifest diseases, can be brought to a relative state of balance by three basic modes of treatment such as *daivavyapashraya*, *yuktivyapashraya* and *satvavajaya*.^[3]

CASE STUDY

A 38 year old obese female patient visited the OPD of *Prasuti Tantra evam Stree Roga* on 10/05/2018 with the complaints of having no issues since 4 years, has had 2 abortions in the last 2 years associated with pain abdomen and back pain on 1st day of menses since 2 years following menarche.

Past History

No H/O DM / HTN / hypo or hyperthyroidism /any other major / minor surgical & medical history.
Blood investigations (Oct 2015): 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, Haematocrit (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 - 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:- Visualised 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.

Family History

No H/O of consanguineous marriage. All the family members are said to be healthy.

Menstrual History

Menarche: at 13 yrs of age,
 Menstrual history: 4-5 days / 28-30 days, 2-3 pads/day.
 No of pads changed on 1st day:- 1-2, on 2nd day and 3rd day :- 2-3, on 4th & 5th day :- 1, associated with pain abdomen and back pain on 1st day of menses and clots occasionally, no foul smell
 LMP - 9/5/2018

OBSTETRICAL HISTORY: G3A2L0

Pregnancy	LMP	Events during pregnancy
1 st	26/12/2016	1 episode of p/v spotting at one and half months of amenorrhoea and was treated for the same. In the fourth month, Obstetric ultrasound revealed - Intra Uterine Foetal Demise with gestational age of 12 weeks 3 days and D & E was done on 2/4/17
2 nd	4/11/2017	p/v spotting followed by bleeding on 29/12/2017 and ultrasound revealed missed abortion with gestational age - 6 weeks 2 days+/- 1 week and managed medically.

General Examination

➤Built: Moderate
 ➤Nourishment: Moderate
 ➤Pulse: 76 b / min
 ➤BP: 130/80 mm of Hg
 ➤Temperature: 98.4 F
 ➤Respiratory Rate: 15 / minute
 ➤Height: 153cm
 ➤Weight: 45 kg
 ➤Tongue: slightly coated
 ➤Pallor / Icterus / Cyanosis / Clubbing/Edema/
 Lymphadenopathy: Absent

Systemic Examination

CVS: S1 S2 heard, no murmurs
 CNS: Well oriented, conscious, oriented to time, place and person.
 RS: normal vesicular breathing, no added sounds
 P/A- soft, fatty abdomen, no tenderness.

Ashta Sthana Pariksha

➤Nadi - 76 b / min

➤Mala - Once / day,
 ➤Mutra -3-4 times a day, once at night occasionally.
 ➤Jivha – Alipta
 ➤Shabda – Avishesha
 ➤Sparsha - Anushna Sheeta.
 ➤Druk – Avishesha
 ➤Akriti -sthoala.

Dasha Vidha Pariksha

➤Prakruti – vata pittaja
 ➤Vikruti – Madhyama
 ➤Bala – Madhyama
 ➤Sara – Madhyama
 ➤Samhanana – Madhyama
 ➤Satmya – Vyamishra
 ➤Satva – Madhyama
 ➤Pramana – Madhyama
 ➤Ahara shakti – Abhyavarana shakti –Madhyama
 ➤Jarana shakti – Madhyama
 ➤Vyayama shakti – Madhyama
 ➤Vaya – Madhyama

Course of Treatment

Date	Treatment
10/5/18 - 24/5/18	1) Swamala compound 1tsp Bd before food followed by a glass of milk 2) Mahakalyanaka ghrita ^[4] 1 tsp Bd before food followed by warm water 3) Jeerakadyarishtam ^[5] 2tsp Tid with 4 tsp water after food 4) Tab Pushpadhanva rasa 1 Bd after food
25/5/18 -3/6/18	Sarvanga udvartana with Kolakulatthadi churna ^[6] + Triphala churna followed by Sarvanga abhyanga with Brihat saindhava tailam ^[7] + Bashpa sweda for 10 days. Oral medications were discontinued for 10 days.

Date	Complaints	Treatment
04/06/18	c/o mild pain in lower abdomen and lethargy	<i>Mahakalyanaka ghrita</i> 1 tsp Bd before food followed by warm water and follow up after 5 days
09/06/2018	Advised UPT- Positive	T. Folvite 5 mg 1-0-0 (A/F) <i>Phala sarpi</i> 1 tsp Bd with milk before food. <i>Tab. Nirocil</i> 1-1-1(A/F) <i>Jeevani syrup</i> 2 tsp-0-2 tsp with 2 tsp water (A/F)
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	T. Folvite 5 mg 1-0-0 (A/F) <i>Phala sarpi</i> 1 tsp Bd with milk before food <i>Tab.Nirocil</i> 1-1-1(A/F) <i>Jeevani syrup</i> 2 tsp-0-2 tsp (A/F) <i>Yosha jeevan lehya</i> 1 tsp Bd with milk (A/F)

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Date	Ante natal examination	Treatment advised
2/7/18	Weight - 81 Kg BP- 110/80 mm Hg P/A - soft, uterus - not palpable	<i>Phala sarpi</i> 1 tsp Bd with warm water before food <i>Tab.Nirocil</i> 1-1-1(A/F) <i>Yoshajeevan lehya</i> 1 tsp Bd with milk (A/F)
8/8/18	Weight - 81 Kg BP- 110/80 mm Hg P/A-uterus~12-14 weeks size Adv- NTNB scan	<i>Phala sarpi</i> 1tsp Bd with warm water B/F <i>Tab. Nirocil</i> 1-1-1(A/F) <i>Yoshajeevan lehya</i> 1 tsp Bd with milk A/F T. HBZ-XT 0-1-0 (A/F) T.Shelcal-500 0-0-1 (A/F)
27/8/2018	Weight - 83 Kg BP- 120/80 mm Hg P/A-uterus~16-18 weeks size FHS - Good	<i>Phala sarpi</i> 1 tsp Bd with warm water (B/F) <i>Tab. Nirocil</i> 1-1-1(A/F) <i>Yosha jeevan lehya</i> 1 tsp Bd with milk (A/F) HBZ-XT 0-1-0 (A/F) T.Shelcal - 500 0-0-1 (A/F)
14/9/2018	Weight - 84 Kg BP- 120/80 mm Hg P/A-uterus ~ 18-20 weeks size FHS - Good quickening-present	<i>Phala sarpi</i> 1 tsp Bd with warm water (B/F) <i>Tab. Nirocil</i> 1-1-1(A/F) <i>Yosha jeevan lehya</i> 1 tsp Bd with milk (A/F) T.HBZ-XT 0-1-0 (A/F) T. Shelcal 500 0-0-1 (A/F)
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	<i>Phala sarpi</i> 1 tsp Bd with warm water (B/F) <i>Tab.Nirocil</i> 1-1-1(A/F) <i>Yoshajeevan lehya</i> 1 tsp Bd with milk (A/F) T.HBZ - XT 0-1-0 (A/F) T. Shelcal 500 0-0-1 (A/F)
24/10/18	Weight - 88 Kg BP- 120/80 mm Hg P/A-uterus ~ 22-24 weeks size FHS – Good, FM - present	<i>Phala sarpi</i> 1tsp Bd with warm water (B/F) <i>Tab.Nirocil</i> 1-1-1(A/F) <i>Yosha jeevan lehya</i> 1 tsp Bd with milk (A/F) T.HBZ-XT 0-1-0 (A/F) T.Shelcal 500 0-0-1 (A/F)
9/11/18	Weight - 90 Kg BP- 120/80 mm Hg	<i>Phalasarpi</i> 1tsp Bd with warm water <i>Tab. Nirocil</i> 1-1-1(A/F)

	P/A-uterus ~ 26-28 weeks size FHS – Good, FM - present	<i>Yoshajeevan lehya</i> 1 tsp Bd with milk T.HBZ-XT 0-1-0 (A/F) T. Shelcal 500 0-0-1 (A/F)
19/11/18	Weight - 91 Kg BP- 130/80 mm Hg P/A-uterus ~ 28-30 weeks size FHS – Good, FM - present	<i>Phala sarpi</i> 1 tsp Bd with warm water (B/F) <i>Tab. Nirocil</i> 1-1-1 (A/F) <i>Yosha jeevan lehya</i> 1 tsp Bd with milk (A/F) T.HBZ-XT 0-1-0 (A/F) T.Shelcal 500 0-0-1 (A/F)
30/11/18	Weight – 92 Kg BP- 130/80 mm Hg P/A-uterus ~ 30-32 weeks size FHS – Good, FM – present	<i>Phala sarpi</i> 1tsp Bd with warm water (B/F) <i>Tab.Nirocil</i> 1-1-1(A/F) <i>Yosha jeevan lehya</i> 1 tsp Bd with milk (A/F) T.HBZ-XT 0-1-0 (A/F) T.Shelcal 500 0-0-1 (A/F)
30/12/18	Weight - 93 Kg BP- 130/80 mm Hg P/A- uterus ~ 32-34 weeks size FHS – Good, FM – present	<i>Phala sarpi</i> 1 tsp Bd with warm water (B/F) <i>Tab.Nirocil</i> 1-1-1(A/F) <i>Yoshajeevan lehya</i> 1 tsp Bd with milk (A/F) T. HBZ-XT 0-1-0 (A/F) T.Shelcal 500 0-0-1(A/F)

Investigations underwent during pregnancy

UPT- positive (done on 9th may 2018)

Blood group & Rh factor- A +ve

Hb%- 11.5gm% done on 19th July, 2018

RBS- 65mg/dl done on 7/5/16

BT-1 min 28sec

CT-5 min 45sec

HIV- Negative

HBsAg- Negative

VDRL - non reactive

Urine Routine and Microscopy - Albumin and sugar-nil,

Pus cells - 2-4 cells/ hpf and Epi cells -4-5 cells/hpf.

done on 19th July, 2018

USG ObG :-25/6/18- Single Live Intrauterine Gestation of 6 weeks 6 days, FHR-147 BPM, EDD-12/2/19.

USG ObG:-08/08/18- Single Live Intrauterine Gestation of 13 weeks 6 days, Foetal cardiac activity and movements seen, FHR-150bpm, EDD-7/2/19, placenta - anterior, grade 0 maturity.

USG ObG:-03/10/18 (anomaly scan)- Single Live Intrauterine Gestation of 22 weeks 0 days, foetal cardiac activity and movements seen, placenta-anterior, grade 1 maturity, EDD - 6/2/19, EFW - 514 +/- 77gms.

USG ObG:- 07/01/18- Single Live Intrauterine Gestation of 36-37 weeks, Foetal cardiac activity and movements seen, BPP-8/8, FHR-150bpm, EDD-21/1/19, EFW-3245+/- 450g, placenta – fundal, anterior, grade 2 maturity.

DISCUSSION

Putraghni yonivyapad is a clinical entity characterised by repeated loss of pregnancies due to excessive indulgence in *rooksha ahara vihara*. This leads to *vata prakopa* which in turn leads to *shonita (artava) dushti*, which ends up in expulsion of *sthita garbha* with *rakta samsrava*. Thus, presence of *vata* and *pitta dosha* in the pathogenesis necessitates the need for *vata-pittahara chikitsa*. As advanced *vaya* and *sthoala shareera* are the

predisposing factors which causes depletion in the qualitative *rasa dhatu* and that of *garbha sambhava samagri* (specially *kshetra* and *ambu*) as evidenced in this case, employment of *udvartana* and *abhyanga* cause *kapha-vatahara* and *medovilapana*. *Kolakulathadi churna* is *kaphahara*, *brihat saindhava taila* is *vatahara* in nature. *Mahakalyanaka ghrita* mostly contains ingredients which are *pittahara* in nature and is *shreshta* for *pumsavanartha*. *Jeerakadyarishtam* corrects *agnidushti* and causes *garbhashayashodhana*. *Pushpadhanwa rasa* corrects *artava doshas*, causes proper *artava nirmana* and timely expulsion of *artava*.

CONCLUSION

Based on the assessment of *doshas* and the conditions of the *dhatu*s, well planned treatment has given a successful result in the above mentioned case of *Putraghni yonivyapad*. The main principles of management of *putraghni* are *vata-pitta shamaka* and the ingredients of the *aushadha yogas* used internally in the present case are mainly *jeevaniya*, *tridoshashamaka*, *yonirogahara*, *balya*, *rasayana*, *prajasthapana*, *krimihara*, *deepana-pachana*, *srotoshodhaka* and *vatanulomaka*. Thus, a combined approach of *bahirparimarjana* and *antarparimarjana* with the appropriate oral medications intended at *vata* and *pittashamana (yuktivyapashraya)* along with *satvavajaya chikitsa* was effective in treating habitual abortion. The patient delivered a single live

male baby on 7th Jan, 2019 by LSCS with birth weight of 3.1 kg and no congenital anomalies were seen.

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