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 yonivyapad1 is a pitta 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 manasika2, which get aberrated to manifest diseases, can be brought to a relative state of balance by three basic modes of treatment such as daitivyapashraya, 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 1 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

Course of Treatment

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>10/5/18 - 24/5/18</td>
<td>1) Swamala compound 1tsp Bd before food followed by a glass of milk</td>
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<td>2) Mahakalyanaka ghrita(2) 1 tsp Bd before food followed by warm water</td>
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<td>3) Jeerakadyarishtam(3) 2tsp Tid with 4 tsp water after food</td>
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<td>4) Tab Pushpadhanva rasa 1 Bd after food</td>
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<td>25/5/18 -3/6/18</td>
<td>Sarvanga udvartana with Kolakulatthadi churna(4) + Triphala churna followed by Sarvanga abhyanga with Brihat saindhava tailam(7) + Bashpa sweda for 10 days. Oral medications were discontinued for 10 days.</td>
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### Date | Complaints | Treatment
---|---|---
04/06/18 | c/o mild pain in lower abdomen and lethargy | *Mahakalyanaka ghrita* 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)
| | Phala sarpi 1 tsp Bd with milk before food. | Tab. Nirocil 1-1-1(A/F)
| | Jeevani syrup 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)
| | Phala sarpi 1 tsp Bd with milk before food | Tab.Nirocil 1-1-1(A/F)
| | Jeevani syrup 2 tsp-0-2 tsp with 2 tsp water (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 | *Phala sarpi* 1 tsp Bd with warm water (B/F)
| | Tab. Nirocil 1-1-1(A/F) | Yoshi jeevan lehya 1 tsp Bd with milk (A/F)
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| | T.HBZ - XT 0-1-0 (A/F) | Yoshi jeevan lehya 1 tsp Bd with milk (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 | Phala sarpi 1 tsp Bd with warm water (B/F)
| | Tab. Nirocil 1-1-1(A/F) | Yoshi jeevan lehya 1 tsp Bd with milk (A/F)
| | T.HBZ- XT 0-1-0 (A/F) | Yoshi jeevan lehya 1 tsp Bd with milk (A/F)
| | T. Shelcal 500 0-0-1 (A/F) | 03/10/2018 | Weight - 86 Kg | Phala sarpi 1 tsp Bd with warm water (B/F)
| | BP- 120/80 mm Hg P/A- uterus ~ 20-22 weeks size FHS – Good, FM - present Adv-Anomaly scan | Tab. Nirocil 1-1-1(A/F) | Yoshi jeevan lehya 1 tsp Bd with milk (A/F)
| | T.HBZ - XT 0-1-0 (A/F) | Yoshi jeevan lehya 1 tsp Bd with milk (A/F)
| | T. Shelcal 500 0-0-1 (A/F) | 24/10/2018 | Weight - 90 Kg BP- 120/80 mm Hg | Phala sarpi 1 tsp Bd with warm water | Tab. Nirocil 1-1-1(A/F)
P/A-uterus ~ 26-28 weeks size
FHS – Good, FM - present

Yoshajeevan lehya 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

Phala sarpri 1 tsp Bd with warm water (B/F)
Tab. Nirocil 1-1-1 (A/F)
Yosha jeevan lehya 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

Phala sarpri 1 tsp Bd with warm water (B/F)
Tab. Nirocil 1-1-1(A/F)
Yosha jeevan lehya 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

Phala sarpri 1 tsp Bd with warm water (B/F)
Tab.Nirocil 1-1-1(A/F)
Yoshajeen lehya 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.

CONCLUSION
Based on the assessment of doshas and the conditions of the dhatus, well planned treatment has given a successful result in the above mentioned case of Putraghni yoniyoivapad. The main principles of management of putraghni are vata-pitta shamaka and the ingredients of the aushadhya yogas used internally in the present case are mainly jeevaniya, tridoshashamaka, yonirogahara, balya, rasayana, prajasthapana, krimihsa, deepanapachana, srotoshodhaka and vatanulomaka. Thus, a combined approach of bahirparimarjana and antarparinmarjana with the appropriate oral medications intended at vata and pittahara (yaktivayapashraya) 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.

REFERENCES