

Role Of *Phalakalyana Ghruta* In *Putraghni Yonivyapada* W. S. R. To Habitual Abortion Due To Torch Infection: A Case Report.

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ABSTRACT

The inborn desire in every woman is to become a mother. Pregnancy therefore is the start of a marvelous journey that leads to great emotional fulfillment to woman. To have a successful motherhood continuation of pregnancy is as important as achieving healthy conception. There are many conditions which prevent a woman from being a mother. Habitual abortions are one among such conditions which can be correlated with *Putraghniyonivyapada* mentioned in *Ayurvedic* classics. *Putraghni* is a condition where repeated pregnancy loss occurs because of *artavadosha*, *raktadosha* and *atiraktastrava*. Habitual abortion is a condition where a sequence of three or more consecutive spontaneous abortions occurs before 20 weeks of gestation. There are number of underlying causes among which TORCH infection is an

important cause. Interpretation of this case of habitual abortion due to TORCH infection is done on basis of *ayurvedic* diagnostic parameters and management is designed according to that. So the antenatal dilatory regimens with *ayurvedic* medicine were planned. *PhalakalyanaGhruta* along with other regimen was used throughout antenatal period. The outcome of the treatment resulted in uneventful antenatal period and patient delivered a full term baby boy by elective cesarean section. No birth anomalies were detected and no any neonatal complication till age of one year. The selected treatment protocol along with *PhalakalyanaGhruta* was found very effective in the management of habitual abortion caused due to TORCH infection.

KEYWORDS: Habitual abortion, *PhalakalyanaGhruta*, *Putraghniyonivyapada*, TORCH infection

INTRODUCTION:

Ayurveda is a well-established ancient system of medicine known to mankind. According to *Ayurveda* four pillars for conception are *Rutu*(fertile period), *Kshetra*(healthy endometrium or implanting bed or uterus), *Ambu*(proper nourishment) and *Beeja*(healthy ovum and sperm). *Rutu* is the most fertile period governed by *kapha*. In term of modern science, it is well developed proliferative phase accompanied with ovulation. *Manusmruti* describes the female as a field and male as seed. Thus the healthy condition of female genital tract is the second chief factor of conception. *Ambu* is liquid product produced from diet and present in the form of *rasa* which represents nutritional element responsible for growth of foetus. In term of modern science *Ambu* means metabolic product as well as the hormones supplied for the growth of foetus. *Beeja* includes the *stree-beeja* & *Pu-beeja* i.e. ovum and sperm. Any derangement in these factors leads to fetal abnormalities, causing Infertility.^[1] Presently pregnancy loss is the common presentation causing distress to couples as well as physicians. According to *Ayurvedic* classics repeated abortion found in *Putraghniyonivyapada*.

It is evident that maternal infections play vital role in loss of pregnancy.^[2] Habitual abortion also called as Recurrent Pregnancy Loss (RPL) is defined as three or more consecutive losses at < 20 weeks of gestational age or with a fetal weight < 500 grams.^[3] Around 1% of fertile couples will experience recurrent early pregnancy losses.^[4] It may occur due to genetic

abnormality, immune factors, ovarian factors, life style, dietary deficiencies, metabolic disorders, environmental factors, stress and various infections.^[5] Prenatal and perinatal infections play important role in manifestation of recurrent pregnancy loss under TORCH acronym (Toxoplasmosis, Rubella, Cytomegalovirus, Herpes simplex).^{[6][7]} Primary infections caused by TORCH is major cause of bad obstetric history.^{[8][9]} Mainly if infected with Rubella and Cytomegalo virus, pregnancy is lost through spontaneous abortions.^[10]

Putraghniyonivyapada is one of the *Yonivyapada* explained in classical texts in which there will be repeated loss of pregnancy. Acharya *Charaka* states that *Vayu* gets aggravated due to predominance of *Rooksha* properties (*Vata kara Ahara Vihara*) which destroys fetus repeatedly due to vitiated *Shonita* because of vitiated *Vayu*.^[11] Acharya *Sushruta* has explained in *Putraghniyonivyapad* *Pitta dushti* causes abortion as *Pitta* is *Ushna* (hot), *Tikshna* which doesn't support maintenance of *Garbha*.^[12] Taking into account the causes of abortions, infliction by *bijadosha* (chromosomal defect), *krimi* (infections-maternal or fetal), *yonidosha* (abnormalities of reproductive system), *artavadosha* (abnormalities of hormones), *kaladosha* (late secretory phase impregnation or age factor), *aghata* (trauma-physical or psychological), *ahara* (consumption of excessive dry, hot or pungent diet), *vihara* (abnormal mode of life), grief and aggravated *vayu* located in *shukra* causes abortion. This leads to the aggravation of *Apnavayu* which produces pain in flanks,

lower abdomen, neck of bladder etc. and troubles young foetus with bleeding. It is included among the disorders of *Vata*.

According to *Ayurveda*, *samprapti* of *Putraghniyonivyapada* denotes –**Dosha**: - predominance of *Vata*(*Charaka*) /*Pitta*(*Sushruta*); **Dushya**: -*Rasa*, *Rakta*, *Garbha*; **Sthana** – *Garbhashaya*; &**Roopa** - स्थितस्थितंहन्तिगर्भम् (i.e. Repeated destruction of foetus). As it describes about consecutive repeated foetal loss thus correlated with habitual abortion.

As per *Ayurveda* in repeated abortions as the main aggravated *dosha* is *vata* and *pitta* so the drugs were selected according to the vitiated *doshas* and principle of management in recurrent abortions. As mentioned in *Ayurvedic* classics *Madhura*, *Sheeta*, *Balya*, *Jeevaniya* and *Rasayanadravyas*, *Garbhashthapakadravya* which are helpful in preventing *Garbhasrava* and maintaining pregnancy.^[13] As per *AyurvedaPhalakalyanaGhruta* is beneficial in the treatment of *Asthiragarbha* (i.e. Repeated Pregnancy Loss).^[14] So present case of *Putraghniyonivyapadaw.s.r.* to Habitual abortion due to TORCH infection was successfully treated with *PhalakalyanaGhruta* and other said drugs was prescribed to patient for maintenance of pregnancy till term.

AIMS AND OBJECTIVES:

- 1) To understand the *Putraghniyonivyapadaw.s.r.* to Habitual abortion caused due to TORCH infection.
- 2) To access the effect of *PhalakalyanaGhruta* in the

management of *Putraghniyonivyapadaw.s.r.* to Habitual abortion caused due to TORCH infection.

CASE REPORT

A 30 years old married female patient visited to the SaiAyurved Clinic, Plot. No. 5, Balaji society, Arni road, Yavatmal on 25/06/2020 with the complaints of 1 month and 11 days amenorrhea with UPT positive done by herself on 24/06/2020. She had a married life of 5 years. She had a history of previous three abortions in last four years. She got conceived in Feb'2017. After 1&1/2 months of pregnancy patient notices slight bleeding p/v for which she consulted to an obstetrician & scanning was done to rule out fetal viability and D&C was done for missed abortion. After that she had regular menses till July. In August'2017 she missed her periods & UPT was done after 10days which came positive. After 3&1/2 months of pregnancy she observed bleeding p/v and underwent USG & diagnosed as missed abortion for which she underwent D&E. After 2nd abortion she underwent for investigation for rule out the cause of abortions as per obstetrician's advice. Her investigation details showed that Thyroid profile was within normal limit. But she is TORCH positive, mainly infected with Toxoplasma IgG, Rubella IgG and Cytomegalovirus IgG. As per doctor's prescription she took course of medication properly. She got conceived again in April'2018. After 1&1/2 month of gestation she had pain in lower abdomen, immediately she consulted obstetrician. Her USG report showed

single live intrauterine embryo of 6wks and small intrauterine bleeding detected around sac. This time she had a spontaneous abortion. Her previous treatment details showed coarse of modern medication like antibiotic (Rovamycin) therapy etc. with no positive outcome. With the fear and anxiety of getting abortion in the present pregnancy she came to clinic for proper consultation and ANC management.

Menstrual History: Menarche – at 12 years of age

Menstrual cycle: 3-4/28-30days, medium flow with mild dysmenorrhea.

LMP: 14/05/2020; UPT positive (done on 24/04/2020), gestational age(GA) by date 6wks EDD – 21/02/2021

Obstetrical History: G4P0A3L0

G1 = Missed abortion at 1&1/2 months pregnancy in April, 2017

G2= Missed abortion GA-3&1/2months D&E done in Nov. 2017

G3= Spontaneous abortion at 1&1/2 months pregnancy in June, 2018

G4= Present Gestation (ANC with 1 month 11 days amenorrhea)

Investigations:

Tests	Done on first visit 26/06/2020	Done before C. Section on 15/02/2021
Blood group & Rh factor	A positive	-
Urine R & microscopic	Pus cells: 2-3cells, Epithelial cells: 1-2 cells	Pus cells: 2-3cells, Epithelial cells, 2-3 cells
Hb	12.1g%	10.2g%
TLC	5,530/cu.mm	9,900/cu.mm
Platelet count	2.58lack/ cu.mm	1.31 lack/ cu.mm
Bl. Sugar (R)	80 mg/dl	69 mg/dl
Sr. Creatinine	0.77 mg/dl	0.98 mg/dl
Sr. Bilirubin Total	0.63 mg/dl	0.69 mg/dl

Physical Examination:

- Temperature – **98.4F**; Respiratory rate – **18/min**; Heart rate – **74/min**; B.P. – **110/80** mm of Hg; Height – **152cms**; Weight – **45** kg; Pallor/Edema/Clubbing/Cyanosis/Icterus/Lymphadenopathy – **Absent**
- On examination, the body proportion was found to be **Madhyama**, was belonging to **Vata-Pitta Prakriti**.

Systemic Examination:

- CVS/RS – NAD
- CNS – Conscious, oriented
- P/A – Soft, no organomegaly

Gynaecological Examination: Bilateral breast soft, NAD

Genitourinary examination:

- ✓ Inspection – Vulva - normal, healthy
- ✓ Per Speculum – Cervix – Healthy, No discharges, Bluish discoloration seen
- ✓ Per Vagina – Uterus – Antiverted, **bulky - 6wks**

PT	-	14.1 seconds
SGPT	-	22.69 U/L
HIV, VDRL, HBsAg	Non –reactive	Non –reactive
Rapid COVID -19 Antigen Test	-	Negative

Thyroid profile: done on 23/10/2019

Investigation	Results	Units	Bio. Ref. Range
Total T3	86.0	Ng/dl	58-159
Total T4	6.27	Ng/dl	4.87-11.72
TSH (Ultrasensitive)	4.735	uIU/mL	0.35-4.94

TORCH PANEL, IgG&IgM, SERUM

SN	Test	Results		Units	Bio. Ref. Interval
		Previous (27/12/2017)	Current (11/09/2020)		
1	Toxoplasma IgG	201.00	26.2	IU/mL	<4.00
2	Toxoplasma IgM	0.09	0.18	Index	<0.55
3	Rubella IgG	>400	612.39	IU/mL	<10.00
4	Rubella IgG	<10.0	0.49	Index	<20.00
5	Cytomegalo virus IgG	34.00	236.0	AU/mL	<4.00
6	Cytomegalo virus IgM	<5.00	0.49	U/mL	<18.00
7	Herpes simplex virus1+2, IgG	0.68	1.85	Index	<0.80
8	Herpes simplex virus1+2, IgM	0.71	0.783	Index	<0.80

USG Reports:

Date	USG for	Impression
25/06/2020	To test pregnancy	Single, smooth, intrauterine sac of less than 5wks. Needs rescan after 2-3 wks, to determine the viability
29/07/2020	To determine viability	Single live intrauterine gestation of average maturity of 9wks 4days
31/08/2020	Obstetrics	A normal single live intrauterine gestation of 15 wks. Nuchal fold thickness normal
09/10/2020	4D Anomaly scan	A single live intrauterine fetus of 19 wks 6days, variable presentation. No major foetal congenital anomalies seen. Suggested repeat scan after 6-8 wks to evaluate interval growth and to rule out evolving anomalies.
18/11/2020	Anomaly scan	A single live intrauterine gestation of 25 wks with normal interval growth. Liquor - adequate. No gross obvious anomaly is noted. EFW-approx. 704gms +/-103gms. Single loop of cord around the neck of fetus
18/01/2021	Obstetrics	Single live intrauterine gestation of 35 wks with cephalic presentation, normal interval growth, Placenta – ant. Wall, upper segment grade II. Liquor is adequate. FHR – 156bpm.

		EFW – 2547 gms +/- 372gms. No gross obvious anomaly noted.
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Management during Pregnancy:

Date	Complaint , BP, Wt.	Regimen	Treatment
25/06/2020	1M&11days amenorrhea, Nausea BP- 110/70 mm of Hg Wt. – 45 kg	Adequate rest for initial 3months, Avoid strenuous activities, intercourse & travelling Pranayam, Sukshmavyayam Milk, healthy food	1.PhalakalyanaGhruta 6gm with milk at morning 2.Ashwagandha (2parts) + Shatavari(2parts)+Sunthi(1part) churna 5gm with milk at night 3.Syp. Vomiteb 10ml twice a day
31/08/2020	ANC check up BP- 110/70 mm of Hg Wt. – 46 kg	Sukshmavyayam, pranayama Healthy food.	1, 2, As per above and 3. PunarnavadiMandoor250 mg twice a day with honey 4. Kukkutandatwakabhasma 250 mg twice a day
06/11/2020	ANC checkup, 6MA, BP- 110/80 mm of Hg Wt. – 56 kg	Sukshmavyayam, pranayama Milk, Ghee, pulses	As per sabove

OUTCOME:

Elective Caesarean Section done on 16/02/2021 at 39 wks of pregnancy. Patient delivered baby boy weighing 3kg. Apgar score at, ten minutes was ten. Patient discharged on eighth day. No any neonatal complication till age of one year.

DISCUSSION

Pregnancy and puerperium are the two events that prove to be boon and bane in any woman's life. The most beautiful facet of life is reproduction and continuation of the cycle and thereby the mother attains unique capacities and true nobility through childbirth. Due to

various causes pregnancy will not continue upto term which is very distressing for a couple. The causes of Habitual abortion are complex & often obscure. *Rutu, Kshetra, Ambu&Beeja* are the four essential factors for fertility.^[15] Defect of anyone can lead to infertility. *Putraghni* is one among the *yonivyapada* where there is repeated loss of pregnancies which can lead to *vandhyatva* as a complication. *Vata* is the prime cause for abortion. *Kshetra&Beeja* have a main role in condition like *Putraghni*. Excessive intake of *rookshaaaharavihara* will cause *vataprakopa* which in turn leads to *shonitadushti&artavadushti* which causes repeated *garbhanasha* (foetal

loss).^[16] Acharya Sushruta has explained in *Putraghnivyapada* Pitta causes abortions as pitta is *Ushna* (hot) *Tikshna* which doesn't support maintenance of *Garbha*.^[17]

All our Acharyas have emphasized on *MadhuraSnehayuktaahara* in *garbhiniparicharya* which counteracts the qualities of *Vata* and *Pitta*. The drugs which have *Vata-Pitta shamak* property, *Bruhana*, *Rasayana*, *Jeevaniya* and *Garbhashthapakaguna* helps in preventing *Garbhasrava* and maintaining pregnancy should be used in this condition. So the present case of Habitual abortion caused due to TORCH infection was successfully treated with *PhalakalyanaGhruta* & *Garbhapal rasa*.

PhalakalyanaGhruta – As per reference of *BhaishajyaRatnavali*, It is advised that such women should consume this *ghruta*, who having *Asthiragarbha* (repeated loss of pregnancy) and *Janyetmrutam* (gives birth to a dead child) or *Janyetalpaayusham* (who having children of short life). It is very beneficial in *Yonidosha*, *Rajodosha* and *Parisrava*. Also it has *Prajavardhanam* (increases progeny), *Ayushyam* (longevity) and *Sarvagghanivaranam* (pacify all planetary defects) properties.^[18] **Ghruta** is the main ingredient which is *VataPttashamaka* and beneficial for *Rasa*, *Shukra*, and *Oja*. **Shatavari** (*Asperagusracemosus*) is also the main ingredient. In *KashyapaSamhita*, *Shatavari* is indicated for promoting fertility. *Shatavari* is having *Rasayana* (rejuvenator) activity so nourishes *Rasa dhatu*, which nourishes mother & foetus in pregnancy. It has antithrombolytic action so

improves circulation of foetus & thus improving nourishment.^[19] Due to *Madhurarasa* and *Bruhana* property it provides nutrition to endometrium and maintain hormonal assay. It acts as aphrodisiac, antiabortifacient, anti-inflammatory, antiviral activities and has positive influence on H-P-O axis. It reduces the infection of reproductive organs. It is mainly known for its Phytoestrogenic properties.^[20] *Shatavari* is antioxidant so it will reduce oxidative stress during pregnancy thus pregnancy induced complications will be minimized.^[21] Due to the contents present in the *Phalakalyanaghruta*, it has *Tridoshashamaka*, *Balya*, *Bruhana*, *Rasayana*, and *Garbhashthapaka* properties. Hence, provides strength to uterus and helps to maintain pregnancy by preventing the abortion.

(Shatavari 2parts + Ashwagandha 2 parts + Sunthi 1part) Churna – Medicated milk with *Ashwagandha* & *Shatavari* is advised in *Sushrutasamhita* and is useful to retain normal development of foetus due to *madhura rasa* and *rasayana* properties. As per Researchers from Banaras Hindu University in Varanasi, India, *Ashwagandha* having some of the chemicals which are powerful antioxidants.^[22] *Sunthi* has *Hrudya* (strengthen the heart), *Dhatuposhaka* (strengthen body) and *Rasayana* (rejuvenative) properties. *Sunthi* is given to enhance endometrial receptivity to avoid abortion.^[23] As per research, the use of *Sunthi* during pregnancy does not increase the risk for any pregnancy outcomes like stillbirth/perinatal death, low birth weight, preterm birth and low

Apgar score.^[24] So safe in pregnancy. The combination of *Churna* was prescribed with *Godugdha* as anupanawhich acts and enhance the properties of other drug for betterment of foetal development.

CONCLUSION

TORCH infections are the one among the major cause for early pregnancy loss and congenital birth defect. *Ayurveda* has potential to diagnosis and treat case in its own way. So a positive case of TORCH infection is treated by *PhalakalyanaGhrut*. Pregnancy is successfully carried as it crossed that critical period of first trimester. The medicines used here alleviate *stridosha* specially *Vata* & *Pitta* and having *Garbhasthapaka*, *Rasayana* and *Bruhana* properties. Thus helps to maintain pregnancy & promotes the growth of foetus. For more scientific validation scientific study has to be conducted on big sample size.

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