

**REVIEW ARTICLE ON PUTRAGHNI YONIVYAPADA WITH
REFERENCE TO RECURRENT PREGNANCY LOSS****¹Dr. Monika Ramesh Pathare, ²Dr. Aayushma and ³Dr. P. R. Kanade**¹Final Year PG Scholar, ²Assistant Professor, ³Guide, Professor, H.O.D.Department of Prasuti Tantra Avum Striroga, PMT's Ayurved College, Shevgaon,
Ahmednagar, Maharashtra.Article Received on
21 April 2022,Revised on 11 May 2022,
Accepted on 01 June 2022

DOI: 10.20959/wjpr20227-24699

Corresponding Author*Dr. Monika Ramesh
Pathare**Final Year PG Scholar,
Department of Prasuti
Tantra Avum Striroga,
PMT's Ayurved College,
Shevgaon, Ahmednagar,
Maharashtra.**ABSTRACT**

Pregnancy is the joyful journey for every woman and it gives emotional satisfaction to the couple. Pregnancy loss is stressful for every couple. Recurrent pregnancy or recurrent miscarriage are also called as habitual abortion. In modern era, due to sedentary lifestyle, stressful environment, unhealthy food habits, hormonal imbalances, hereditary diseases many couple suffer from recurrent pregnancy loss. In modern science there are limitations in treatment of habitual abortion. *Ayurveda* has various types of treatment modalities for *putraghni yonivyapada*, *garbhasrava*, *garbhapata*. *Ayurveda* is proved as a boon to such couple suffering from recurrent pregnancy loss.

KEYWORDS: *putraghni yonivyapada*, habitual abortion, miscarriage, recurrent pregnancy loss, *garbhashthapana*, Recurrent pregnancy loss.

INTRODUCTION

Ayurveda is the science of life. According to *ayurveda* four pillars for conception are fertile period, healthy endometrium (uterus), proper nourishment and healthy ovum and sperms. These factors are called as *garbhasambhava samugri*.

ध्रुवं चतुर्णां सान्निध्यात् गर्भः स्याद् विधिपूर्वकं ।

ऋतुक्षेत्राम्बुबीजानां सामग्रयादङ्कुरो यथा॥

(सु. सं. शा २/३३)^[1]

Any derangement in these factors leads to infertility, fetal abnormalities etc. *Ayurvedic* fundamentals promotes and supports pregnancy till term and aims in getting a successful offspring.

In present era repeated pregnancy loss causes stress to couple. RPL is distressing condition for mother and cause depression and emotional fatigue.

According all *acharyas yonivyapada* are twenty in numbers. These are 20 different *vyadhis* of *tryavarta yoni* explained separately.^[2]

Definition- *Putraghni yonivyapad* is a condition where repeated pregnancy loss occurs because of *artava dosha*, *rakta dosha*, *ati raktastrava*.^[3] *Jataghni* is another name for *putraghni yonivyapada* according to *ashtang hrudaya* and *sangraha* texts.^[4]

The expulsion of fetus upto fourth month of pregnancy is termed as *garbha srava* because the products of conception are in liquid form, thereafter in fifth and sixth months it is termed as *garbha pata* because by this period the fetal parts have attained almost stability or have become solid.^[5]

According to *acharya charaka* any abnormalities in factors responsible for proper growth and development of fetus cause either intrauterine death of the fetus or its expulsion before viability.

Recurrent pregnancy loss is also called as recurrent miscarriage or habitual abortion. It is defined as three consecutive pregnancy losses prior to 20 weeks of pregnancy from the last menstrual cycle.^[6] There are two types of RPL that are primary and secondary RPL. Primary RPL refers to multiple losses in a woman who has never delivered a live born. Secondary RPL refers to multiple losses in a patient with a prior live birth.

According to RCOG –Prior three or more miscarriages before 24 weeks of gestation.^[7] Incidence 1% of all women of reproductive age.^[8]

NIDAN

Sr.no.	Samanya hetu	Vishesh hetu
1.	Yonivyapad hetu	Mithyachaar, Pradushta artav, Beejadosha, Daiva
2.	Aaharaj	Tikshna, Kshar, Ushna, Katu, Tikta, Ruksha dravya sevan, Kadaahar
3.	Viharaj	Vyavay, Atyadhiik vyayam, Vishamasan, Sankshobh, Vegavidharan, Upwas, Adhwagaman, Yanavrohan, Aayas
4.	Manasik	Krodha, Shoka, Bhaya, Dwesha
5.	Chikitsajanya	Vaman, Virechana Atiprayog
6.	Anyas	Abhighata, Prapatana, Shashtra prahara
7.	Adnyata karana	Daivi prakopa, Atmadosh, Jataharini pravesha

Causes of RPL are complex and most often obscure.^[9]

Etiological factors for miscarriage in first trimester are.

Sr.no.	Etiology Factors	Conditions
1.	Genetic	Parental chromosomal abnormalities
2.	endocrine & metabolic	Poorly controlled diabetes thyroid autoantibodies Luteal phase defect PCOS
3.	Immunological	presence of autoantibodies-anti DNA APLA
4.	Inherited thrombophilias	
5.	Infections	Bacterial vaginosis TORCH malaria brucella variola
6.	Environmental	
7.	Unexplained	

In Second trimester

Sr. no.	Etiological factors	
	Congenital	Acquired
	Anatomic abnormalities- Unicornuate uterus Bicornuate uterus Septate uterus	Anatomical abnormalities Intrauterine adhesions, Synechiae, Endometriosis Cervical incompetences Uterine leiomyomas Chronic maternal illnesses- DM Chronic renal failure Hemoglobinopathies SLE, IBD Infection Unexplained

SAMPRAPTI^[10]

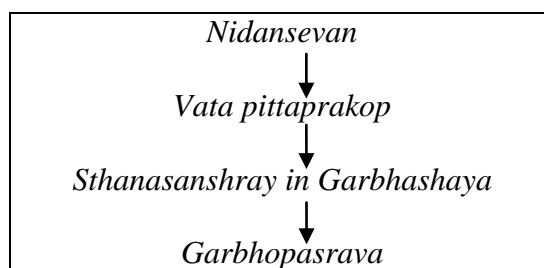
According to *Acharya Charak*, in *putraghni yonivyapada* foetus is aborted repeatedly due to *vata pitta dushti* and other causes ;could be due to *dushta rakta*.

रौक्ष्याद्वायुर्यदा गर्भं जातं जातं विनाशयेत् ।

दुष्टशोणितजं नार्याः पुत्रघ्नी नाम सा मता॥ (च.सं.चि.३०)

Exposure to causative factors leads to vitiation of *vata dosha* which dries up the *Prasad raja*. *Apara* formed from this *prasad raja* does not nourish *garbha* completely and causes death of

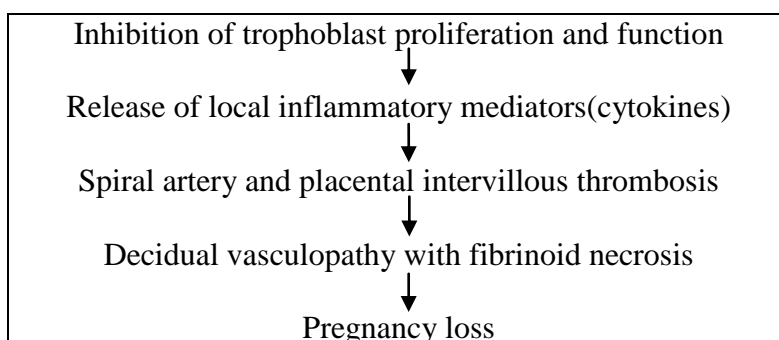
a *garbha* into the *garbhashaya*. This pathology takes place into *garbhashaya* before 5th month.



Samprapti Ghatak

Dosha	Vata- Pitta
Dushya	Garbha
Sthanasanshraya	Garbhashaya
Roop	Garbhasrava, Garbhapata

Pathology of Recurrent pregnancy loss^[11]



SAMANYA LAKSHANA^[12]

तत्र पूर्वोक्तैः कारणैः पतिष्यति गर्भं गर्भाशयकटीवङ्क्षणवस्तिशूलानि रक्तदर्शनं च ।

(सु.सं.शा.१०/५७)

Raktadarshana (bleeding per vaginum), *Kati basti vankshan shoola*, *anaha*, *mutrasanga*, *parshwa-prushtha daha*, *amapakwashaya kshobha* of *garbhasrava* and *garbhapata*.

UPADRAVA- *shotha*, *apatanaka*, *arsha*, *vandhyatwa*, *apraja*.

Investigations

BSL-F, PP, VDRL, TFT, ABO Blood grouping with Rh typing, TORCH antibodies Autoimmune screening-APLA, Karyotyping Serum LH, Endocervical swab, USG, HSG.

CHIKITSA^[13]➤ **NIDANPARIVARJAN**➤ **BAHYACHIKITSA**

A] Panchakarma - has a good role in *putraghni yonivyapada*.

1. *Vata dosha chikisa*- *Garbhashaya* is in the *apana kshetra* and *basti* is the best treatment for *apana vayu*.

2. *Yogbasti* followed by *vaman* and after 15 days *virechana* should be given.

B] Sthanik chikitsa-

1. *Uttarbasti* - after complete *shareer shuddhi*.

-*uttarbasti* given with *phalaghrita*.

-*kashmari* and *kutaj kwath siddha ghrita*.

-*Mriga, varah, aja rakta* mixed with *dadhi, madhu, ghrita*.

2. *Yonidhawan-kwatha* of *udumbarphala, panchavalkal, patol, nimbapatra, jati, laksha, dhataki, palash, mocharasa*.

3. *Yonipichu*- *udumbaradi taila*.

4. *Utkarika-yava, godhuma, shatapushpa, priyangu, bala, kalka*.

5. *Sheetal parisheka, avagaha, pradeha, pichu dharana, abhyanga* with *lakshadi taila*.

➤ **ABHYANTAR CHIKITSA**

1. *Ghritapana-phalaghrita pana*

2. *ksheerpana-Jeevaniya gana dravya siddha shruta ksheerpana*

3. *Kalpa-garbhashayamrut, madhumalini vasant, Garbhapala rasa, garbha chintamani rasa*

4. *Rasayana dravyas-kushmandavaleha*

5. *Sheetal, madhura, mridu, brumhaniya dravya prayoga*.^[14]

6. *Garbhasthapaka gana dravyas-Aindri, bramhi, shatveerya, sahasraveerya, amogha, avyatha, shiva, arishta, vatyapushpi, vishwakshenkanta*

7. *Stambhana chikitsa*

8. *Krimihar chikitsa* is given

- *Masanumasik chikitsa-kalka, churna* along with *dugdha*^[15]

Masa	Chikitsa
<i>Prathama</i>	<i>Maduka, shakabeeja, ksheerkakoli, surdaru</i>
<i>Dwitiya</i>	<i>Ashmantaka, krushna tila, manjishtha, shatavari</i>
<i>Trutiya</i>	<i>Vrukshadani, payasya, priyangu, lata, utpala, sariva</i>
<i>Chaturtha</i>	<i>Ananta, sariva, rasna, bharangi, madhuka</i>

<i>Panchama</i>	<i>Bruhati dwaya,kashmari,ksheerishruna,twacha,ghrita</i>
<i>Shashthama</i>	<i>Prushniparni,bala,shigru,shwadanshtra,madhuparnika</i>
<i>Saptama</i>	<i>Shrungataka,bisa,draksha,kasheru,madhuka,sita,bala</i>
<i>Ashtama</i>	<i>Kapittha,bilwa,bruhati,patol,ikshu,nidigdhika</i>
<i>Navama</i>	<i>Ananta, sariva,payasya,madhuyashti</i>
<i>Dashama</i>	<i>Shunthi, payasya,shunthi</i>
<i>Ekadasha</i>	<i>Kshreerika,samanga,shiva</i>
<i>Dwadashama</i>	<i>Sita, vidari,kakoli,ksheeri,mrunalika</i>

- *Acharya kashyapa* has explained *varan bandha* to prevent *garbhapata* before eight month of pregnancy.

Modern management^[16]

- Counselling, reassurance and tender loving care
- Prenatal diagnosis
- Therapy –HCG

Progesterone

Low dose aspirin

Low molecular weight heparin

- PCOS management
- Management of endocrinal dysfunction
- Empirical treatment of genital tract infections
- Surgical management-
 - ✓ Hysteroscopic resection
 - ✓ Metroplasty
 - ✓ Cervical encirclage- done around 14 weeks or atleast 2 weeks earlier than the lowest period of previous wastage in case of cervical incompetence. Two types of cervical encirclage are shirodkars stitch and McDonalds stitch. The stitch should be removed at 37th week.

PATHYAPATHYA

Pathya-Ksheerpana, Garbhini masanumasik aahar and vihar vidhi.

Apathya- Nidansevana, Ushnodaka.

CONCLUSION

Recurrent miscarriage is a common complication in present generation. It is biggest emotional setback to couple. Treatment explained in *ayurvedic* texts should be followed by

women which helps to attain natural healthy pregnancy with healthy offspring. After all ‘prevention is better than cure’.

REFERENCES

1. Tiwari P.V. *Ayurvediya Prasutitantra evum Striroga* Vol 1, 2nd edition, Varanasi, Chaukhamba oriental, 2009; p.86.
2. Tiwari P. V. *Ayurvediya Prasutitantra evum Striroga* Vol2, 2nd edition, Varanasi, Chaukhamba oriental, 2009; p.4.
3. Tiwari P. V. *Ayurvediya Prasutitantra evum Striroga* Vol 2, 2nd edition, Varanasi, Chaukhamba oriental, 2009; p.43.
4. Tiwari P. V. *Ayurvediya Prasutitantra evum Striroga* Vol 2, 2nd edition, Varanasi, Chaukhamba oriental, 2009; p.43.
5. Sushruta, *Sushruta Samhita*, Vol.2, *Nidana Sthana*, *Mudhagarbhanidana Adhyaya*, 8/10, Edited By Kaviraj Kunjalal, Published By Author, Calcutta, 1911; 57.
6. Dutta D.C. Textbook of Obstetrics, Konar Hiralal, Editor, 8th ed. Kolkata; Jaypee Brothers Medical Publishers (P) Ltd, 2015; p195.
7. Dutta D.C. Textbook of Obstetrics, Konar Hiralal, Editor, 8th ed. Kolkata; Jaypee Brothers Medical Publishers (P) Ltd, 2015; p195.
8. 8.Dutta D. C. Textbook of Obstetrics, Konar Hiralal, Editor, 8th ed. Kolkata; Jaypee Brothers Medical Publishers (P) Ltd, 2015; p195.
9. 9.Dutta D.C. Textbook of Obstetrics, Konar Hiralal, Editor, 8th ed. Kolkata; Jaypee Brothers Medical Publishers (P) Ltd, 2015; p196, 197.
10. Agnivesa, Dridhabala, Charaka, *Caraka Samhita*, *Ayurveddeepika* Commentary, Vol.3, *Chikitsa Sthana*, *Yoniogachikitsa Adhyay*, Edited By Kaviraj Shree Narendranath Senagupta And Kaviiraj Shree Balaichandra Senagupta, Kalikatanagarya Publication, Kolkata, 1850: 3459.
11. Dutta D.C. Textbook of Obstetrics, Konar Hiralal, Editor, 8th ed. Kolkata; Jaypee Brothers Medical Publishers (P) Ltd, 2015; p.196.
12. Tiwari P.V. *Ayurvediya Prasutitantra evum Striroga* Vol 1, 2nd Edition, Varanasi, Chaukhamba oriental, 2009; p.329.
13. Tiwari P.V. *Ayurvediya Prasutitantra evum Striroga* Vol 1, 2nd Edition, Varanasi, Chaukhamba oriental, 2009;p.338 -352

14. Vagbhata, *Ashtanga Sangraha* With Sasilekha Sanskrit Commentary By Indu, Edited By Dr. Shivprasad Sharma, Chaukhamba Sanskrit Series Publication, Varanasi, 2008; 39(81): 965.
15. Sushruta, *Sushruta Samhita*, Vol.2, *Sharira Sthana*, *Garbhini Vyakarana Shariraadhyaya*, 10/58-65, Edited By Kaviraj Kunjalal, Published By Author, Culcutta, 1911: 237.
16. Dutta d c. Textbook of Obstetrics, Konar Hiralal, Editor, 8th ed. Kolkata; Jaypee Brothers Medical Publishers (P) Ltd, 2015; p.198, 199.