

REVITALIZING FERTILITY-AN AYURVEDIC MANAGEMENT OF HABITUAL ABORTION CAUSED BY TORCH INFECTION: A SUCCESSFUL CASE REPORT

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ABSTRACT

Pregnancy is a lovely experience that provides women with both mental and emotional happiness. Unexpected pregnancy loss results in physical, mental, and emotional disturbances in couples. Recurrent pregnancy loss, also known as habitual abortion, is the loss of three or more pregnancies in a row before the 20th week of gestation. In Ayurveda habitual abortion is correlated with *Putraghni Yoni Vyapat*, which is defined as recurrent pregnancy loss caused by *Artava dosha*, *Rakta dosha*, and *Atirakta srava*. The loss could be due to a variety of maternal risk factors, maternal or fetal causes and other aetiological factors. TORCH infection is one among the maternal risk factors for repeated pregnancy loss. The current article discusses the recurring loss of pregnancy owing to TORCH infection. It is a single case study in which a 26-year-old girl suffering from TORCH infection contacted online and was diagnosed with *Putraghni Yoni Vyapat* according to Ayurveda and treated with *Shodhana (Virechana)*, *Matrabasti*, and

Shamana aushadhi. The patient conceived naturally and gave birth to a full-term healthy female baby with no birth defects through LSCS.

KEYWORDS: Habitual abortion, TORCH infection, *Putraghni yoni vyapat*, *Virechana*, *Matra basti*, *Shamana chikitsa*.

INTRODUCTION

Carrying a baby is a deeply fulfilling experience for many women, as they play a crucial role in bringing new life into the world. However, not all pregnancies reach full term, and losing a

child can cause profound emotional and personal distress for many couples. According to Ayurvedic literature, the four most important components of fertility are *Ritu* (fertile period), *Kshetra* (functional reproductive organs), *Ambu* (Hormones & uterine secretions), and *Beeja* (healthy sperm and ovum).^[1,2,3] Infertility is triggered by an abnormality in any of these components. Recurrent pregnancy loss resulting from viral infections such as TORCH is a matter of concern for reproductive couples. The overall TORCH infection positivity rate was 61.1%. Rubella was the most prevalent infection (46.5%) followed by herpes simplex virus (HSV) 1 and 2 (41%) and cytomegalovirus (CMV) (34.7%). In India, around 7.4% of all women of reproductive age have recurrent pregnancy loss.^[4] Toxoplasmosis, Cytomegalovirus, Rubella, and Herpes Simplex Viruses are the causes of maternal illnesses that lead to early pregnancy loss.

According to Ayurvedic classics, recurrent pregnancy loss is categorized under *Putraghni Yonivyapat*, attributed to an imbalance of aggravated *Vata* or *Pitta* doshas.^[5,6,7,8] Specific treatments like *Snehana* (oleation), *Swedana* (sudation), and *Vamanadi Panchakarma* (emesis and other purification therapies) are recommended to cleanse the vitiated doshas.^[9,10,11,12] Additionally, treatments such as *Uttarbasti* (medicated enema), *Parisheka* (medicated pouring), *Pralepa* (medicated paste application), and *Pichu* (medicated tampon) are also described.^[13,14] *Putraghni Yonivyapat* results in infertility due to the recurrent loss of pregnancy caused by disturbed *Vata* or *Pitta*. Therefore, treating *Vata* through *Basti Chikitsa* (enema therapy) is considered highly effective in managing infertility.^[12,13,14]

CASE REPORT

In December 2021, a 26-year-old female patient consulted online due to the consecutive loss of two pregnancies. The patient was seeking treatment to address her condition but was discouraged by the results. After a thorough examination, the concerned gynaecologist carried out a TORCH test, which revealed positive results for cytomegalovirus (CMV)-IgG-4.68, herpes simplex virus (HSV)-IgG-0.91, and rubella-IgG-3.86.

On further interrogation, it was found that the patient had *prakupita pitta* due to *Nidanasevana*, which includes *Aharaja* (type of food), *Viharaja* (habits), and *Manasika* (psychologically disturbed), etc. Additionally, the patient also had *Vikrut Vata* due to *ruksha ahara dravya sevana* and repeated abortions. After assessing all the *nidanas*, she was found to have *Sarvadaihika Pitta* vitiation together with *Vata prakopa*. The vitiated *pitta* and *vata* were causing disturbances in their functions, leading to repeated pregnancy losses. To address

the patient's condition, *Shodhana* was required to bring them back to normalcy. However, the patient lived in a rural area with no facility for *Panchakarma*, which made the treatment process challenging.

It was a difficult task to treat a patient solely through online consultation while relying only on oral medication. Furthermore, the patient was hesitant to visit any other *Panchakarma* center for further treatment. However, after explaining the significance of *Sharira Shodhana* and *Basti Karma* and their advantages, the patient agreed to undergo *Virechana* and *Basti Karma* treatments at home. In February 2022, it was decided to administer *Shodhana* (*Virechana*) at the patient's home. The required medicines were couriered and the *Purvakarma* process was initiated. The patient was administered *Deepana and Pachana aushadhi* for three days, followed by *Snehapan* for four days. Regular telecommunication was used to monitor the patient's progress and encouraged her to maintain a strict diet and follow daily regimens during the *Shodhana* procedures, as mentioned in the classics.

After observing *Samyak Snigdha Lakshanas*, on the fifth and sixth days, she was asked to perform a complete body massage (*Abhyanga*) at home with oil for 30 minutes, followed by two buckets of hot water bath. After the bath, she was advised to cover her entire body with a thick blanket and rest for 10 minutes to achieve proper *Swedana*. On the seventh day, *Abhyanga* was followed by *Swedana karma*, and 70 grams of *Virechana yoga* was administered (Table no.1). After one and a half hours, *Vegas* started. *Kaphante Virechanam* enabled the patient to acquire *Madhyama Shudhi* (14 vegas). After *Shodhana*, *Samsarjana Krama* was advised for 5 days.

As per the plan, after the *Virechana* treatment, the patient started taking oral medicines. These medicines were prescribed to pacify *Pitta*, correct hormone imbalances (*Rasa Rakta Pachak*), and fight against TORCH infection (Table No 2). The patient was also advised to take 30ml of *Matra basti* weekly once to calm down the excited *Vata dosha* (Table no.3). The patient successfully conceived within three months of treatment in May 2022.

To prevent further pregnancy loss, the patient was advised to take *Cap. Torchnil*, *Cap. Sujata*, *Phala ghrita* (ref. Table no.4) and *Matra basti* every 7 days to control the excited *vata*. At 7 weeks of gestation, the patient had P/V spotting, and she was advised to take *matra basti* daily to prevent spotting. The spotting stopped after taking *matra basti* daily, but it caused anxiety for both the patient and her partner. After 5 days, the patient underwent an

abrupt abortion, and a D&C procedure was carried out in June 2022. The product of conception was found to have an abnormal chromosome complement (Triploidy-XXY) upon genetic defect testing. The couple's karyotypes were normal, however, as confirmed by Cytogenetics Chromosome Analysis. All these tests were carried out under the guidance of the concerned gynaecologist. The results of these tests have once again raised hopes for both couples to become parents.

In December 2022, after 6 months the couple sought online consultation again following their third pregnancy loss. A thorough evaluation was performed once more, and *Matra Basti* was prescribed daily for 7 days to treat overactive Vata. Due to the patient's weakened uterus induced by the previous D&C treatment Uterine tonic (*Syp.M2 Tone*), *Cap. Torchnil*, and *Cap. Sujata* (refer to Table No. 5) were recommended to tonicize the uterine muscle fibres and increase their strength. After only one month of oral medication, the patient conceived again. The patient sought consultation from previous gynaecologist for ANC and follow ups along with Ayurvedic medications. Anomaly scan does not reveal any congenital defects. The oral medications were continued till term followed by *matra basti* every week (refer to Table 6). The patient successfully continued her fourth pregnancy full term and delivered a single live female baby through LSCS without any complications and birth defects.

Timeline of treatment

Table 1: Virechana Purva, Pradhana and Paschat karma.

Name of the treatment	Duration	Kalpna used
<i>Deepana/Pachana</i> (10/2/22 to 12/2/22)	3days	1. <i>Chitrakadi vati</i> 1 TID A/F 2. <i>Agnitundi Vati</i> 1 TID A/F
<i>Snehapana</i> 13/2/22 to 16/2/22	4days (30ml,60ml,90ml,120ml)	<i>Phala ghrita</i>
<i>Sarvanga Abhyanga/Swedana</i> 17/2/22 to 18/2/22	2days	<i>Ksheerabala taila</i>
<i>Virechana</i> 19/2/22	1day	<i>Trivrut Avaleha</i> (70gm)

Table 2: Oral medication (before conception).

Sl.no.	Name of the formulation	Dosage
1.	a. <i>Sootshekhar-1BD</i> (125mg) b. <i>Kamadudha-1BD</i> c. <i>Praval Panchamruta-5gm</i> (The above vatis were grinded together and made into powder form. 60 pudis were prepared & each pudi weighs 500mg and given for one month.)	1 pudi BD Empty stomach
3.	<i>Cap.Torchnil</i>	1BD
4.	<i>Rasa Rakta pachak (1month)-250mg</i>	2 BD each

Table 3: *Matra Basti*.

Name of the treatment	Duration	<i>Kalpana</i> used	Quantity
<i>Matra basti</i>	Every 7 th day	<i>Sahacharadi taila</i>	30ml

Table 4: Oral medication 1 (After conception).

Sl.no	Name of the formulation	Dosage
1.	<i>Cap. Torchnil</i>	1 BD
2.	<i>Cap. Sujata</i>	1 BD
6.	<i>Phala ghrita</i>	2tsf BD B/F

Table 5: Oral medication 2(after D & C).

Sl.no	Name of formulation	Dosage
1.	<i>Cap. Sujata</i>	1BD
2.	<i>Cap. Torchnil</i>	1BD
3.	<i>Syp. M2-Tone</i>	2tsf TID
4.	<i>Matra basti – Sahacharadi taila</i>	30ml daily/7days

Table 6: Oral medication (After 4th conception – till term).

Sl.no	Name of formulation	Dosage
1.	<i>Cap. Sujata</i>	1BD
2.	<i>Cap. Torchnil</i>	1BD
3.	<i>Masanumasik Garbha vati</i>	1BD
4.	<i>Garbhapala rasa</i>	1BD
5.	<i>Laghmalini vasant rasa (1^s, 2nd, 3rd month)</i> <i>Madhumalini Vasant rasa (4th, 5th, 6th month)</i> <i>Suvarna malini vasant rasa (7th, 8th, 9th month)</i>	1BD

DISCUSSION

Pregnancy is a dramatic and changing event characterized by the miraculous creation of new life. This journey is a spectacular fusion of physical, emotional, and psychological changes, beginning with conception and ending with the happy expectation of welcoming a baby. As a woman's body feeds and supports the developing life within, each trimester presents its own set of challenges and wonders. Due to a variety of factors, a couple's pregnancy will not progress to term, which is devastating. The causes of frequent abortions are complicated and often unknown. *Ritu*, *Kshetra*, *Ambu*, and *Bheeja* are the four necessary components for fertility. *Dusti* from anyone can cause infertility. *Putraghni* is one of the *yonivyapat* characterized by recurring pregnancy loss, which might result in *vandhyatava* as a complication. *Vata* is the primary cause of abortion. *Kshetra* and *Bheeja* play a significant influence in circumstances such as *Putraghni*. Excessive intake of *ushna*, *tikshna*, *amla*, and *rooksha ahara* and *vihara* causes *vata* & *pitta prakopa*, which leads to *shonita* and *artava dusti*, resulting in repeated *garbha nasha*. All of our *acharyas* have emphasized *madhura* and

snehlyukta ahara in garbhini paricharya to oppose the attributes of *vata* and to control *akala garbhasrava*.

In this case, *Shodhana (Virechana)* was necessary to remove vitiated *pitta doshas* that had increased due to the consumption of *pitta kara ahara and vihara*, and *basti* was given to alleviate *vata* along with other oral medications. A mixture of *Sootashekar, Kamadudha, and Praval Panchamrita* was administered to soothe the body that had been affected by elevated *pitta*, as all of these are *pitta*-pacifying. *Rasa and Rakta pachak* were also administered to balance the hormones and mend *artava dushti*. *Cap. Torchnil, Cap. Sujat, Phalaghrita* and *Syp.M2 Tone* were also prescribed. *Cap Torchnil* promotes oxygen supply to the placenta, helps to fight immune-related diseases, supports pregnancy, and is known to have antiviral, antimicrobial, and immune-boosting properties to perform its functions in conditions of infections like TORCH^[15] and *Cap. Sujat* was given as it improves placental function by reducing oxidative stress.^[16] *Syrup. M2 Tone* was also added as it improves ovulation, supports fertility, and strengthens the uterus.^[17] *Phalaghrita* is recommended for *Garbhapata and Garbhasrava*. *Phalaghrita's* major ingredient is *ghrita*, which contains *pitta and vata hara dravyas*. The majority of the materials contains *madhura, sheeta, laghu guna, garbhashapaka, tridoshashamaka, rasayana, and balya* characteristics. As a result, it helps in conception and infertility, it also strengthens the uterine wall, and aids in pregnancy maintenance by preventing abortions.^[18] *Masanumasik Garbha vati* contains nine different formulations having action on the mother's reproductive system as well as the development of the embryo and fetus. *Garbhapala rasa* is used to control bleeding during pregnancy, it also ensures better nourishment to the fetus.^[19] A *Rasayan* therapy was continued throughout pregnancy for the overall development of fetus i.e *Laghumalini Vasant (1st trimester)*, *Madhumalini Vasant (2nd trimester)*, and *Suvarna malini vasant(3rd trimester)*.^[20] Along with all these medicines *Matra basti* was also given to keep *Vata* in a normal state.^[21] Thus, the patient's therapy was based on *Ayurvedic* principles, and the results were excellent.

CONCLUSION

TORCH infections are a major contributor to early pregnancy loss and congenital birth defects. This case study demonstrated the successful treatment of a positive TORCH infection case using *Ayurvedic Panchakarma* treatment and oral medicine. The medications used during this period help in balancing the three *doshas*, particularly *pitta and vata*, and

possess properties that support the growth of the fetus. This is a single case study; additional studies should be conducted for more in-depth research.

Informed consent

The patient was thoroughly informed about the disease management before starting the treatment. Both the benefits and risks were explained and mentioned in the consent. Permission was also obtained to publish the case study.

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