

ROLE OF PHALASARPI AND CAP TORCHNIL IN HABITUAL ABORTION: A CASE STUDY**Dr. Suman Kumari*¹ and Dr. Sunita Siddesh²**¹Second Year PG Scholar, Dept. of PTSR, Sri Kalabyraveswara Ayurvedic Medical College Hospital and Research Center, Bangalore, Karnataka, India -560104.²Professor, HOD, Dept. of PTSR, Sri Kalabyraveswara Ayurvedic Medical College Hospital and Research Center, Bangalore, Karnataka, India.***Corresponding Author: Dr. Suman Kumari**

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ABSTRACT

The innate desire in every woman is to become a mother. Pregnancy therefore is the start of an incredible journey that leads to great emotional fulfilment 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 Putraghni mentioned in Ayurvedic classics. Putraghni is a condition where repeated pregnancy loss occurs because of artava dosha, rakta dosha & ati raktasrava. Putraghni can be correlated with Habitual abortion where a sequence of three or more consecutive spontaneous abortions occurs before 20 weeks of pregnancy. There are number of underlying causes among which TORCH infection is an important cause. In this article, a case of positive TORCH infection with repeated pregnancy loss treated successfully with Ayurvedic medications i.e Phalarpi & Torchnil is discussed.

KEYWORDS: Habitual abortion, Putraghni, TORCH, Phalarpi & Torchnil.**INTRODUCTION**

Woman undoubtedly is the ultimate source of human progeny. To have healthy progeny maintenance of pregnancy till term is as important as achieving conception. Sometimes due to various causes the pregnancy will not be continued till term. The loss of pregnancy at any stage is a devastating experience for a couple which is significant and often unrecognized, psychological and psychiatric trauma for the mother. Such repeated pregnancy loss is the commonest problem being observed in patients approaching OPD these days. Recurrent pregnancy loss or Habitual abortion can be defined as more than two to three consecutive miscarriages before 20 weeks gestation or with a fetus of < 500gms. The common causes responsible for habitual abortion are: genetic factors like chromosomal abnormalities, endocrine & metabolic disorders, immunological factors, lifestyle factor, anatomical abnormalities of reproductive system, environmental toxins, dietary deficiencies & infections. TORCH (Toxoplasmosis, Rubella, Cytomegalovirus, Herpes virus) infection is a leading cause of pregnancy loss. Putraghni is one of the yonivyapad explained in classical texts in which there will be repeated loss of pregnancy. Phalarpi is mentioned in the treatment of Putraghni yonivyapad by our acharyas & Cap Torchnil is specially indicated for TORCH infection. Here in this article, a

case of repeated abortion due to TORCH positive infection was successfully treated with Phalarpi & Torchnil has been discussed.

AIMS AND OBJECTIVES

- 1) To understand the Putraghni yonivyapad W. S. R to habitual abortion caused due to TORCH infection.
- 2) To access the effect of Phalarpi & Torchnil in the management of Putraghni yonivyapad W.S.R to Habitual abortion caused due to TORCH infection.

CASE REPORT

A married Hindu female patient of 20 years, who is a housewife with visited to the OPD of dept. of Prasuti tantra & Stree Roga of SKAMCH & RC on 14th February, 2017 with history of previous three abortions. She had fear & anxiety of getting abortion in next pregnancy since Jan, 2017.

Patient had a married life of 3&1/2 years & was having regular menstrual cycles of 5-6/28-30 days. She got conceived in Oct'2014. After 2 months of pregnancy patient noticed slight bleeding per vagina for which she consulted to an obstetrician & scanning was done to rule out fetal viability and D&C was done for missed abortion. Patient got her periods after 1month of

abortion, after that she had regular menses till April. In May 2015 she missed her periods & UPT was done after 10 days which came positive. After 2 months of pregnancy she observed spotting p/v & underwent USG & diagnosed as incomplete abortion for which she underwent D&C. After 2nd abortion she underwent for USG, report of which was normal. At this time couple used barrier method of contraception for 6 months as per doctor's advice & 3 months after withdrawal of contraception she got conceived again (April '16). 1 & 1/2 month after conception she observed bleeding p/v with passage of big clots and intermittent pain lower abdomen, immediately she consulted the doctor & this time she had complete abortion (as shown in USG). Her menstrual cycles were regular after abortion. From June 2016 couple was not staying together due to some family problem. In Jan 2017, she came to Bangalore & since then she is getting fear & anxiety of getting abortion in next pregnancy.

Family History

No similar history of same complaints in family.

Menstrual History

Menarche at – 13 years of age
Menstrual cycle -5-6/28-30 days
No of pads/day – 2-3 pads/day
Lmp- 16-01-2017

O/H= P0A3L0

A1= Missed abortion at 2 months pregnancy in Dec, 2014.
A2= Incomplete abortion at 2 & 1/2 months pregnancy in July, 2015.
A3= Spontaneous abortion at 1 & 1/2 months pregnancy in May, 2016.

General examination

- **Built - Moderate**
- **Nourishment - Moderate**
- **Temperature - 98.6 F**
- **Respiratory rate -20/min**
- **Pulse rate – 76 bpm**
- **B.P - 110/80 mm of Hg**
- **Height – 157 cms**
- **Weight – 51 Kg**
- **Tongue - Not coated**
- **Pallor/Edema/Clubbing/Cyanosis/Icterus/Lymphadenopathy -Absent**

Systemic Examination

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

Gynaecological examination

Bilateral Breasts- soft, NAD

Inspection of Vulva

- Pubic hair - Moderate
- Redness/ulceration/ swelling -Absent
- External urethral meatus - Normal
- No evidence of pruritus.

Per Speculum Examination

- Vagina- Redness – Absent
- Discharge – Absent
- Local lesion – Absent
- Cervix – Healthy
- Erosion – Absent

P/V examination

- Uterus- anteverted /antiflexed
- Normal size
- Fornices – Free
- Tenderness absent
- Os- Nulliparous.

Ashta sthana pareeksha

- Nadi -76 bpm
- Mutra - 4-5 times a day, once at night occasionally.
- Mala - Once a day,
- Jihwa - Alpalipta
- Shabda - Prakrutha
- Sparsha - Anushna sheeta
- Drik - Prakrutha
- Aakruti - Madhyama

Dasha vidha pareeksha

- Prakruti - KaphaVata
- Sara - Madhyama
- Samhanana - Madhyama
- Pramana - Dhairgya – 157cms
- Dehabhara - 51 kg
- Satmya - Madhyama
- Satva - Madhyama
- Aahara Shakti -
- Abhyavarana Shakti - Madhyama
- Jarana Shakti - Madhyama
- Vyayama Shakti – Madhyama
- Vaya - Madhyama
- Vikruti – Hetu- Katu, amla, ruksha aahara

Dosha- pitta & vata

Dushya- Rasa, Rakta, Artava

Desha- Sadharana

Bala- Rogi bala- Madhyama

Roga bala- Madhyama

Investigations

(Done on 16-02-2017)

Blood group & Rh factor – B positive

Urine routine & microscopic – NAD

Hb = 10.8g%

RBS = 73mg/dl

HIV, VDRL= Non Reactive

HBsAg = Non-Reactive

Torch Test (16/02/2017)	IGM	IGG
Toxoplasmosis	0.19 COI	18.84 MU/ml
Rubella	0.25 COI	16.632 MU/ml
Cytomegalo virus	0.26 COI	6.98 MU/ml
Herpes Simplex -1	0.52 Index Value	8.19 Index Value
Herpes Simplex -2	0.45 Index Value	6.10 Index Value

Thyroid Profile	Done on 16/02/2017	Done on 22/06/2017
T3	70.83ng/dl	0.97 ng/dl
T4	2.30ug/dl	6.50 ug/dl
TSH	>150.00micro IU/ml	3.585 micro IU/ml

USG-(NTscan - 16/06/17)

Single live intrauterine fetus of 13wks & 2day.
Nasal Bone= present Nuchal Translucency =1.4mm.
FHR-158bpm. Placenta= Anterior, Grade=0, Liquor-adequate.
Cervix – normal. Cx length- 4cms SEDD- 20/12/17.

Double Marker Test (17-06-2017)

- PAPP-A=9.35mIU/ml
- Free beta-hcg=78.9ng/ml
- Age risk =1:1101

Biochemical T21 risk=1:2393

Combined Trisomy 21 risk <1:10000 (Low risk)

Trisomy 13/18+NT <1:10000 (Low risk)

The calculated risk for Trisomy 21 is below the cut off which is low risk.

USG (Anomaly Scan-done on 07-08-2017)

Single live intrauterine fetus of 20wks & 3days with breech presentation.

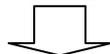
FHR-158bpm. Placenta= Anterior, Grade=0, Amniotic fluid - normal.

Estimated fetal weight -361gms. No gross congenital anomaly detected.

Date	Complaints	Treatment Given
14-02-2017	C/o Anxiety and fear of abortion in next pregnancy. Lmp= 15-01-2017	Adv- TORCH Test & Thyroid profile.
17-02-2017 till 22-06-2017	Torch Test –positive for IgG antibodies of rubella, cytomegalo & HSV1&2 & TSH > 150 micro IU/ml) Lmp= 16-02-2017 Missed periods in April (Lmp- 16-03-2017)	1.Cap.Torchnil 1 BD, A/F 2.Phalasarpi 1tsf BD with warm water, B/F 3.Tab.Folivite 1 OD, A/F 4.Tab. Nirocil 1BD, A/F, for 1month 4. Katuki choorna lepa on throat
From 22-06-2017 & ongoing	For Routine Antenatal Check up	1.Cap.Torchnil 1 BD, A/F 2.Phalasarpi 1tsf BD with warm water, B/F 3.Tab.Folivite 5mg OD, A/F 4.Tab. Nirocil 1BD, A/F, 5.Tab. Abhraloha 1 OD (A/F) 6.Tab. HS Cal 1 OD (A/F) for 1month

Out come of Chikitsa

(LMP- 16/03/2017) Conception



Continuation of pregnancy
Without any complications

(Patient Is Under Regular Anc and Follow UP)

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. Ritu, Kshetra, Ambu & Bheja are the four essential factors for fertility. Dusti of anyone can lead to infertility. Putraghni is one among the yonivyapad where there is a repeated loss of pregnancies which can lead to

vandhyatava as a complication. Vata is the prime cause for abortion. Kshetra & Bheeja have a main role in conditions like Putraghni. Excessive intake of rooksha ahara vihara will cause vata prakopa which in turn leads to shonita dusti & artava dusti which causes repeated garbha nasha. All our acharyas have emphasized on madhura & snehyukta ahara in garbhini paricharya which counteracts the qualities of vata.

Here in this case, Phalaghrita & Capsule Torchnil has been prescribed. Phalaghrita is specially indicated in garbhapata & garbhasrava while Cap Torchnil is used in Torch infections.

The main ingredient of Phalaghrita is ghrita which is pitta & vata hara. Most of the conents are having madhura, sheeta & laghu guna, garbhasthapaka, tridoshashamaka, rasayana & balya properties. Hence, provides strength to uterus and helps to maintain pregnancy by preventing the abortions.

Cap Torchnil is having antioxidant action by which it corrects the oxidative damage at placental level & thus prevents abortion. The contents of Torchnil cap have antiviral & antimicrobial action & acts as immunomodulator.

Thus, the treatment given to the patient was on the basis of ayurvedic principles & the outcome of treatment was very good.

CONCLUSION

Habitual abortion is a common complication of pregnancy contributing significantly to maternal morbidity. A miscarriage causes a great emotional setback to a couple. The incidence of pregnancy loss is increased after each miscarriage. Hence, an endeavor to find out the exact cause is of paramount importance.

TORCH infections are the one among the major cause for early pregnancy loss & congenital birth defects. As compared to before, the incidence of habitual abortions & TORCH infection are increased due to modern stressful lifestyle & food habits. Here in present case study, a positive case of TORCH infection is treated by ayurvedic treatment only. Pregnancy is successfully carried as it crossed that critical period of first trimester. The medicines used here alleviates tridoshas specially pitta & vata & having garbhasthapaka, rasayana & balya properties. Thus, helps to maintain pregnancy & promotes the growth of fetus.

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