



# An Ayurvedic Approach on Recurrent Pregnancy Loss due to Luteal Phase Defect W.S.R to Putraghni Yoni Vyapad: A Case Study

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## ABSTRACT

**Introduction:** In the present era, due to the stressful lifestyle and dual responsibilities of a woman, the incidences of infertility and abortions have reached the zenith rendering the couples childless. Recurrent Pregnancy loss is a common problem during child bearing years. It is defined as the sequence of two or more spontaneous abortions before 20weeks of pregnancy. The causes of RPL are complex and obscure. From among the many causes, one of the cause is Luteal phase defect. It results in early miscarriage as implantation and placentation are not supported adequately. Putraghni is a condition where repeated pregnancy loss occurs because of Artavadosha, Raktadosha caused Vata dosha. The article to understand RPL caused due to Luteal phase defect w.s.r to Putraghni Yonivyapad and study the effect of Ayurvedic interventions in the management of RPL caused due to luteal phase defect.

**Material and Methods:** A case of a 31year old patient who was having repeated pregnancy loss is reported here. She was treated with both Shodhana and Shaman chikitsa till pregnancy. We have given Kashmaryadi ghrita along with Kashmari Kutaja ghrita Uttarbasti for 3 consecutive cycles. Pregnancy continued with treatment. Antenatal visits and USG observations gave positive outcome with healthy fetal growth.

**Result:** Ayurvedic remedies were used to treat the patient for three months. This case study demonstrates the efficacy of Ayurvedic treatment for recurrent pregnancy loss (Putraghni Yonivyapad)

**Conclusion:** In this article, a case of repeated pregnancy loss due to luteal phase defect is treated successfully with Ayurvedic interventions.

**KEY WORDS:** Recurrent pregnancy loss, Putraghni, Yonivyapad, Luteal phase defect

## INTRODUCTION

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. Recurrent pregnancy loss is one among such conditions. It is defined as the sequence of two or more spontaneous abortions before 20weeks of pregnancy<sup>1</sup>. The causes of RPL are complex and obscure. From among the many causes, one of the cause is Luteal phase defect. The luteal phase defect (LPD), first described by Georgeanna Jones in 1949, is characterized by the failure to develop fully mature secretory endometrium<sup>2</sup>. Further investigation led to a broadening of this definition to include a short luteal phase interval (<10 days between ovulation and menses) with relatively normal progesterone

concentrations, a normal-length luteal phase with inadequate progesterone production, or inadequate endometrial response to otherwise normal progesterone concentrations.<sup>3</sup> This defect is widely held to be etiologic in approximately 3% to 5% of infertility cases, with some sources reporting an incidence of up to 10%. It has also been implicated in 35% of repeated first trimester abortions<sup>4</sup>.

Ayurvedic lexicon has put all gynaecological disorders under the heading of *Yonivyapada*, and from among them the *Putraghni yonivyapad* can be compared with Recurrent pregnancy loss. *Acharya Charak* has said that *vayu* aggravated due to predominance of Ruksha properties (due to consumption of dry diet and use of identical mode of life) in the body, repeatedly destroy the fetus from vitiated *Shonita* called as *Putraghni yonivyapad*<sup>5</sup>. Considering description from Ayurvedic classics collectively, probable cause of *Yonivyapad* include *Mithyachara*, *pradusta artava*, *Beeja dosha* and *Daiva karma*<sup>6</sup>. *Aharaja*, *Vijaraja* and *manasika nidana* like stress induced hormonal disturbances leads to *Apana kshetra dusti*, *vata prakopa* which causes disturbances in menstruation and destroys fetus repeatedly due to vitiated *shonita*. *Putraghni yonivyapad* leads to *Vandhyatva* as a complication if left untreated<sup>7</sup>. The line of treatment given before conception inhibits *garbhasrava* and helps in restoration of pregnancy till full term.

## AIM & OBJECTIVES

1. To analyse *Putraghni yonivyapad* w.s.r to RPL due to Luteal phase defect.
2. To enlighten distressing couples on how to restore full term pregnancy avoiding recurrent abortion with optimistic approach along with Ayurvedic remedies.

## CASE REPORT

A 31 year old married Hindu female patient came to the OPD of Dept. of Prasuti Tantra & Stree Rog of G.A.M, Puri on 5<sup>th</sup> November 2023 with complaint of 3 recurrent first trimester spontaneous abortions along with increased fear and anxiety of abortion as she had previous 3 abortions.

The patient was married since 3 years and was having regular menstrual cycles. She conceived after few months of marriage. After 2 months of pregnancy she noticed spotting p/v and after 2 days bleeding increased and she had spontaneous abortion. Patient got her menses after 1.5 months and was having irregular cycles. In November 2022 She again conceived through IUI but after 1.5 months she experienced mild pain in lower abdomen and observed spotting p/v. She then consulted a doctor and was advised for USG which confirmed as spontaneous abortion.

After 2<sup>nd</sup> abortion she got her menses after 2 months and the couple were advised for barrier method of contraception for 6months but they did not follow and again she conceived on 1<sup>st</sup> March 2023. She again spotted bleeding p/v after 2 months and was advised for USG where no definite intrauterine gestational sac was seen for which she was advised for D&C.

### Past history:

No H/O of DM/HTN/Hypothyroidism. No H/O of any previous major illness and surgery.

### Menstrual history:

3-4 days/21-24 day cycle, regular with moderate flow and had pain on the first day of menstrual cycle. There was no contraceptive history.

### Obstetric History:

Married since 3 years

Score- P0A3L0

A1= Spontaneous abortion of 2 month pregnancy in Dec 2021

A2= Spontaneous abortion of 1.5 month pregnancy in Dec 2022

A3= Incomplete abortion of 2 month pregnancy in May 2023 D& C done

## GENERAL EXAMINATION

- Built- Moderate
- Blood pressure- 110/70mmHg
- Pulse- 78/min
- Respiration rate- 15/min
- Height- 160 cm
- Weight- 58kg
- Pallor/Edema / Icterus/ Clubbing/ Lymphadenopathy/ Cyanosis- absent

## SYSTEMIC EXAMINATION

CNS- Conscious, oriented

CVS- S1S2 heard, NAD

P/A- soft, NAD

## GYNECOLOGICAL EXAMINATION

**Inspection-** Redness/ Swelling/ ulceration of vulva- absent

External urethral meatus- Normal

**Per speculum examination-**

Vagina- discharge (mild)

Cervix- Healthy

Os- Nulliparous

**P/V examination-**

Uterus- AV,AF, MOBILE

Cervix- firm, mobile, non tender

Fornix- clear, non tender

**Astavidha pariksha:**

Nadi- 78/min

Sabda- Prakruta

Mutra – 4-5 times/day, once at night

Sparsa- Anushna seeta

Mala- once a day

Drik- Prakruta

Jihva- alpalipta

Akriti- Madhyama

## INVESTIGATIONS

- Blood parameters were under normal limits.
- TSH = 3.5mIU/ml, FBS= 95mg/dl, HIV & HBSAG- Negative
- APLA IgG & IgM= Both were normal
- TORCH test- Negative
- Karyotyping- both parents appeared numerically and structurally normal
- Diagnostic Hysteroscopy with cavity evaluation was done which was also normal
- USG was normal with ET= 5mm
- Serum progesterone = 5ng/mL

## TREATMENT PROTOCOL:

**Sodhana chikitsa:**

Procedure	Medicine & Dose	Duration
<i>Deepan Pachan</i>	<i>Panchakola phanta</i> = ½ cup bid before food	For 3 days
<i>Snehana</i> & <i>Swedana</i>	<i>Sukumara ghrita</i> in increasing dose starting from 30ml.	For 5 days followed by hot fomentation over lower abdomen
<i>Virechana</i>	<i>Trivruta avaleha</i> 80gm with warm water	1 day
<i>Samsarjan krama</i>		According to no. of vegas

**Oral medications:**

1. *Kashmaryadi ghrita* – 1tsf bid with warm milk before food
2. Folic acid (5mg)- 1 tab OD after food
3. *Aswangadha Vati*- 1tab BD with warm milk after food

*Uttarabasti* with *Kashmari Kutaja ghrita* 5ml continuous for 3 days after cessation of menses for 3 continuous cycles.

Advice- yogasanas like *Balasana*, *Padahastasana*, meditation.

**RESULT**

After three sittings of *Uttarabasti* for three consecutive cycles along with *sodhana* and *samana chikitsa*, the patient was advised for serum progesterone again which was 16ng/mL. Later on the patient reported amenorrhea and found Urine pregnancy test positive on 12.03.2024.

Subsequently, confirmed the pregnancy by USG, as a single live intrauterine fetus. EDD is 17.12.2024. Patient is coming regularly for ANC checkup.

**USG on 10/05/2024**

CRL: 19.38mm

Fetal Cardiac activity- 174min

Reveals intra uterine live fetus of 8W3D

**USG NT SCAN on 15/06/2024**

CRL: 72.2mm

FHR: 158 beats/min

EDD (AUA): 18.12.2024

Reveals single live intrauterine pregnancy of average gestational age 13 weeks 3 days according to CRL.

Nuchal Translucency is normal (1.4mm). Nasal bone visualized.

**FRIST TRIMESTER SCREENING (DUAL MARKER)**

Down syndrome: screen negative

Trisomy 18/13: Screen negative

**DISCUSSION**

Luteal phase defect is a heterogenous disorder characterized by insufficient production of progesterone during luteal phase of menstrual cycle. Two mechanisms have been proposed as causes of clinical LPD<sup>8</sup>. [1]The first and likely common cause relates to the impaired function of CL resulting in insufficient Progesterone production. [2]The second theory suggests an inability of the endometrium to mount a proper

response to appropriate estradiol and progesterone exposure.

Ayurveda says *Vata* is the prime cause of any abortion. Intake *ruksha ahara* and *vihara* leads to *vata prakopa* which in turn causes *Shonita dusti*. In etiology, abnormalities of *shonita*, bleeding per vaginum, loss of blood and abnormalities of *artava* have been enumerated. All the abortions are accomplished with bleeding, naturally that cannot be considered here. Word '*artava*' here refers to ovum and ovarian hormones. Abnormalities of ovum can be in the form of impaired folliculogenesis which may lead to formation of a defective corpus luteum. Therefore, endogenous progesterone is not sufficient to maintain a functional secretory endometrium and allow normal embryo implantation and growth. All these factors can produce a hostile environment (*Kshetra dusti*) to the growing conceptus which give rise to recurrent pregnancy loss.

The medicines used in this case have *Garbhastapaka* action and are *Madhura*, *sheeta*, *Jeevaniya* and *Rasayan* thus helps in achieving pregnancy and preventing *garbhasrava*.

Acharya Kashyapa has mentioned that *Virechana* is the best line of treatment in *Beeja* and *Artavadushti*<sup>9</sup>. *Virechan* is bio cleansing in nature as it removes metabolic waste, accumulated toxins and vitiated *dosha* from the body. It also helps in regularising disturbed hormonal levels in the body.

Acharya Charak has mentioned *Kashmaryadi ghrita* as *Garbhada yoga* in *Yonivyapad Chikitsa adhyaya*. The ingredients of *Kashmaryadi ghrita* include *Gambhari*, *Triphala*, *Draksha*, *Shatavari*, *Guduchi*, etc. which have *Madhura*, *tikta rasa*, *Ushna virya*, *Madhura vipaka* and *laghu*, *ruksha guna*. Majority of these drugs have *Tridoshasamak*, *Deepana*, *Pachana*, *Anulomana*, *Rasayana*, *Yonidoshahara* and *Garbhsathapak* properties. Drugs like *Gambhari*, *Draksha*, *Sahachara* contains chemical constituents like Apigenin<sup>10</sup> and Kaempferol<sup>11</sup> which have progestational action and helps to correct LPD & maintenance of pregnancy.

Folic acid improves the health of both mother and the baby and helps to prevent serious pregnancy complications. Folic acid reduces the risk of the baby having neural tube defect by enhancing cellular proliferation needed for neural tube closure<sup>12</sup>.

For achievement of pregnancy, normal psychology of the couple is very important. Stress induced hormonal disturbance leads to *apana khetra dusti*, *vata prakopa* which causes disturbances in menstruation & *Garbha* development. *Aswagandha* (*Withania somnifera*) is a widely used nervine tonic. It is *Agnivardhak*, *balya* & *Rasayan*. It has Adaptogenic (that helps the body to cope with stress and restore normal functioning), Anabolic, Antiinflammatory, Cardioprotective, Neuroprotective, Sedative etc actions. It is useful in Stress, fatigue, infertility.<sup>13</sup>

*Uttarabasti* with *Kashmari Kutaja ghrita* has been directly mentioned by Acharya Charak for *Putraghni yoni vyapad*. It strengthens *Garbhasaya* by applying drug directly through *uttaramarga*. *Kashmari Kutaja ghrita* posses *Brimhaniya*, *Rasayana*, *Raktasodhaka* and *Garbhasthapak* properties which help for the formation of and proliferation of endometrial tissues. *Ghrita* is lipophilic thus, can cross the blood brain barrier and act on central nervous system i.e, Hypothalamus & Pituitary and may correct the hormonal imbalance. *Ghrita* contains Cholesterol which is responsible for synthesis of steroid hormone Progesterone.

## CONCLUSION

Pregnancy loss is a personal and emotional loss to a young couple who is planning to start a family. When this problem occurs repeatedly the emotional trauma is compounded manifold. In LPD, there is inadequate progesterone support to the endometrium in the luteal phase. *Putraghni Yonivyapada* or Recurrent pregnancy loss is one of the major challenges of pregnancy. The main cause is said to be *vata dosha*. Also, Acharya Charak says that all the gynecological disorders are due to vitiation of *Vata*. The medicines used in this case have *Garbhastapaka* action and are *Madhura*, *sheeta*, *Jeevaniya* and *Rasayan* thus helps in achieving pregnancy and preventing *garbhasrava*. The chemical composition of some drugs have progestational, anti-oxidant, adaptogenic effect and corrects endometrial receptivity. *Uttarabasti* stimulates certain receptors in

endometrium leading to correction of all physiological processes of reproductive system. It may also help in rejuvenation of the endometrium.

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