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CONCEPTUAL STUDY OF RECURRENT MISCARRIAGES: AN AYURVEDIC PERSPECTIVE

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ABSTRACT:

Recurrent miscarriage, commonly characterized as three or more successive pregnancy losses before 20 weeks, can have various causes^[2]. Common factors include chromosomal problems, uterine hormonal imbalances, autoimmune disorders. anomalies. thrombophilia^[1]. This study dives into the concept of miscarriage from the perspective of Ayurveda, the ancient traditional system of Indian medicine, which admits the concept of miscarriage as 'Putraghni Yonivyapada' and 'Garbha<mark>sravi Vandhya'. T</mark>he study takes a look at complicated causes of miscarriage as outlined in Ayurvedic literature, encloses imbalances in lifestyles, dietary habits and most importantly emotional well-being. It delves into the significance of Prakruti (Individual constitution) and the effect of provoked doshas on reproductive health. Moreover, the research looks into Ayurvedic preventive measures and therapeutic interventions for reducing the risk of miscarriage.

KEYWORDS: Putraghniyonivyapad, Garbhasravivandhya, Recurrent miscarriages, Jataghniyonivyapad.

INTRODUCTION:

Repeated miscarriage is defined as Garbhastravivandhya in Harita Samhita. Jataghni, Putraghni and Asrija Yonivyapada are the contexts which refer to recurrent abortions. Recurrent miscarriage can be interlinked with *Putraghni Yonivyapad* mentioned in *Charak Samhita*^[6]. The ejection of the foetus up to the 16th week of pregnancy is called the *Garbhastrava* because the parts of the foetus would be stabilized by this time, and then the abortion in the fifth and sixth months is called the Garbhapata. Ayurvedic scriptures describe 1st-trimester abortion as Durdhara Jataghni,

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2nd trimester as Vasya Jataghni and repeated abortion as Putraghni, Asrija or Apraja Yonivyapadas. The predominance of Ruksha properties can worsen Vata resulting in Shonitadushti and Artavadushti leads to repeatedly killing the foetuses. As a complication, if Putraghni Yonivyapad is left untreated then it can lead to Vandhyatva (Female Infertility). Modern aetiology is quite the same as mentioned in ancient texts. The Causes of Abortion and Yonivyapadas are Parental chromosomal abnormalities, Uterine anomalies and antiphospholipid antibody syndrome. Endocrinopathies and various infectious pathologies or environmental toxins are unproven causes^[2]. The above three causes are widely accepted through medical, surgical and obstetric history with systematic clinical assessment. Balya, Jeevaniya, Madhura and Rasayan Dravyas with shodhan karma like Uttarabasti are mainly helpful in preventing Repeated miscarriages and maintaining pregnancy also enhancing the quality of Beeja (sperm and ovum)in Male and femalethus getting nourished and healthy child.

MATERIALS AND METHODS:

This entails examining references from classical Ayurvedic textbooks, pertinent modern scientific texts, and published articles to conduct a detailed analysis and draw conclusions.

OBSERVATIONS AND DISCUSSION:

Habitual or Recurrent miscarriage also referred to as Recurrent Pregnancy loss, is defined as three or more continuous pregnancy losses within 20 weeks of gestational age. The incidence of recurrent miscarriage should be around 1 in 300 pregnancies based on the incidence of frequent miscarriage. It is considered to be primary or secondary.

AETIOLOGY:

The factors that cause recurrent miscarriage are complicated and vague. There are many presumed causes of recurrent abortion, but only three proven causes are widely accepted: Parental chromosomal abnormality, uterine anomalies and antiphospholipid antibody syndrome. Other causes are suspected but unproven. The chance of miscarriage with a reciprocal translocation is greater than 25% which is the most common abnormality.

More than 80% of repetitive chromosomal abnormalities are found in women more than 35 years of age. The predominant single cause of miscarriage is Malformation of the foetus. Around 45 to 50% of premature pregnancy losses are due to gross malformations of the gametes, embryo and foetus.

Endocrine factors inducing miscarriages are 8 to 12% according to some studies. Diabetic patients, Patients with Polycystic ovarian syndrome (PCOS) and patients who are suffering from raised Sr. Prolactin levels increased the incidence of early miscarriage. Perhaps, genital tract infection is responsible for unsteady abortion but the relation is uncertain. Almost 10% of women with recurrent miscarriage have slow-growing endometrial bacterial infections like mycoplasma. Poor maternal immune forbearance is a suspected immunological cause of abortion in 15% of early

miscarriages.

AYURVEDIC OVERVIEW:

with *Putraghni* Recurrent miscarriage can be associated Yonivvapad Garbhastravivandhya illustrated in Ayurvedic literature. According to Harita Samhita Vadhya implies recurrent miscarriages. Acharya Charak and Sushrut explained Putraghni Yonivyapad whereas Acharya Vagbhat described Jataghni Yonivyapad. Only Vagbhat noted the main clinical characteristic as repeated neonatal deaths. Acharya Charaka describes 1st-trimester abortion, 2nd trimester explained by Acharya Sushrut and repeated abortion as Garbhastravivandhya suggested by Harita Samhita revealing recurrent miscarriages without precise thorough explanations. Madhav Nidana, Rasaratnasamuchay and Kamashastra defined Vadhya respectively as Garbhasravi, Sravatagarbha and Garbhasravini.

Taking too much RukshaAhar-Vihar can exacerbate Vaayu in the body and eradicate the foetuses conceived along with vitiated Shonita says Acharya Charaka. Acharya Chakrapani described that both sexes of foetuses were demolished, however, the male foetuses were especially demolished, thus it is defined as Putraghni. Aggravated Pitta, burning sensation and heat are the other clinical features of recurrent bleeding according to Sushrutacharya.

ETIOPATHOGENESIS:

Talking about the Ndiana, Ruksha, amla, Katu, lavanaaharas (Dry, sour, spicy and fried food) Anidra or Akalinidra (Insomnia or inappropriate sleep timings), krodha, Bhaya, shoka (Anger, fear or mental tensions) can result in Vata and Pittaprakopa. This will cause Raktaprakopa and Rakta-pitta dushti will oversee Garbhasravivandhya or Putraghniyonivapad (Recurrent miscarriage). Endometrial thickness and chromosomal dysfunction are not suitable conditions for pregnancy that can be caused by Rukshadigunas of Vata. Pittaprakopa can affect Rakta as well and lead to Raktadushti which will cause adverse effects on the nourishment of the foetus and placenta inducing an inflammatory reaction. These all factors can create a Kshetradushti (Contentious environment) which will give rise to recurrent miscarriages. The main reason for unsuccessful pregnancy is the affected quality of Shukra and Artava. Thus, repeated miscarriages are termed Garbhasravivandhya or Putraghniyonivapad.

PROGNOSIS:

Yonivyapad or Artavavyapad are Asadhya as the prognosis of Vandhyatva depends on it. If Vadhyatva is a congenital disorder then it is Asadhya according to Charakacharya, but according to Harita Samhita Garbhasravivandhya is Sadhya.

TREATMENT:

Detection of the cause of Vadhyatva (Infertility) is important in the treatment part. Thus, it is called Nidanaparivarjana. Doshas are mainly involved in these cases so the treatment is advised to

be given accordingly. Before *Shaman Chikitsa*, *Shodhanchikitsa* is necessary as it refines the body. According to *Charakacharya*, *Uttarbasti* with *Goghrita* processed with *Kashmarya* and *KutajaKwath* for *Putraghni Yonivyapad*.

Shodhan is the most important chikitsa in Ayurveda to improve the Dhatvagni, remove Dosha-Dushyasammurchana and help in the creation of Healthy Shukra and Artava. This whole treatment process is evaluated through Roga-RogiPariksha.

Yonishodhana and Garbhashayashodhan have important roles as Sthanikchikitsa (Local procedures). To improve blood circulation in periods (Rutukala) and reproductive organs for activation, Uttarbasti plays an important role in it. For removing minute toxins from the body like Garavisha and Dushivisha, Vishaharayog like Vilwadi and Dushivishari yoga are beneficial. These all treatment plans give the best results in Recurrent miscarriages with unknown causes.

CONCLUSION:

Miscarriage brings a sense of grief and loss in a woman's life and it is an emotional rollercoaster for families too. It is a significant reproductive health problem that can lead to spontaneous miscarriage in around 12-15% of all clinically acknowledged pregnancies. Only 25-30% of pregnancies result in live birth. Recurrent miscarriage is also referred to as habitual abortion. In *Harita Samhita*, it is defined as *Garbhasravi Vandhya* and In Brihatyrais it is known as Putraghni *Yonivyapad*. The conclusion considering the *Nidana*, *Doshadushti* and Prakruti of the patient can lead to Recurrent miscarriages in patients.

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