

# Efficacy of Dashmoolarishta in the Management of Putraghni Yonivyapada with Special Reference to Recurrent Abortion

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**Abstract:** Recurrent miscarriage is defined as sequence of three or more consecutive spontaneous abortion before 20 weeks some however consider two or more as a standard. It may be primary or secondary (having previous viable birth). This distressing problem is affecting approximately 1% of all women in reproductive age. The risk increase with each successive abortion reaching over 30% after 3 consecutive losses. The causes of recurrent abortions are complex and often obscure. More than one factor may operate in a case. Most common cause of recurrent abortion in India is- a) Chromosomal abnormality. b) Infection. c) Endocrine and metabolic factors. d) Autoimmune disorders. There are so many references present with recurrent miscarriage in ayurvedic classic. One of them is Putraghni yonivyapad described by Acharya Charaka, sushruta, vagbhata, Madhavnidan, Bhavprakash, Yogratakara etc. Clinical features of Putraghni yonivyapad are repeated abortions after stability of fetus in uterus, abnormalities of shonita, bleeding per vaginum, abnormalities of Artava has been described. Considering the above description Putraghni yonivyapad appears to be description of repeated abortions. The line of treatment in Putraghni yonivyapad is vataghna chikitsa and treatment which is explained for Udavarta yonivyapad.

**Keywords:** Recurrent miscarriage, Putraghni yonivyapad, Vataghna chikitsa, Dashmoolarishta.

## 1. Case

Patient name – XYZ  
Occupation- Housewife  
Age- 34 years  
Gender – female  
C/O – Secondary infertility w/f child  
Dysmenorrhoea  
Scanty menses. Since 2-3 months.  
Marital status – 8 years back.  
Menarche – 14<sup>th</sup> years of age.  
Menstrual history – 2-3 days every 30-35 days. Regular, scanty, painful.

Obs/ history- G3P0A3L0D0

- G1- one and half month spontaneous abortion D and C done
- G2- IVF conceived- spontaneous abortion – D and C done.
- G3- 2 month spontaneous abortion- D and C done – 6 months back.

Medicine history – No H/O – DM, HTN, PTB, Epilepsy.

Surgical history – No H/O surgical illness.

No H/O any known drug allergy.

O/E – GC- fair and afeb

P -90/min, BP -90/60mmhg

S/E- RS- AEBE Clear

CVS- S1S2 N

CNS- Conscious and oriented.

P/A – Soft and non tender

## 2. Investigation

- HB- 10%, RBC-2.59, WBC-5.7, SGOT-23.4, SGPT-21.2,
- Total Bili- 0.8, se creat -0.8, BSL R- 92mg/dl
- FSH-11.5, LH-6.4, Progesterone-0.9, Testosterone-10 mIU/ml.
- TSH – 3.1
- HIV, HBsAG, VDRL - Negative

USG- ABDOMEN PELVIS

Before treatment – No any abnormality seen.

After treatment – 12/02/2026-

- LMP -07/12/2025
- EDD- 13/09/2026
- GA- 9.4 weeks
- FHR – 170
- Yolk sac – seen.
- CRL -16.8
- Internal Os – closed.
- Single live intrauterine gestation of 8 weeks.

## 3. Treatment

- Rasapachaka vati 250mg- 2TDS before food with kosha jal.
- Phalasarpi 10ml in morning empty stomach.
- Dashmoolarishta 10ml bd with equal amount of water after food.
- Tab – Folic acid 5mg Od after breakfast.
- Tab – Ecosprin- 75mg OD HS after food.
- Duration of treatment – 6month.

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#### 4. Discussion and Conclusion

Dashmoolarishta is explained in Kashyap samhita kalpasthana- 2 in vandhyatva. The contents of Dahmoolarishta mainly acts as vataghna and pushtikaraka. Yonivyapada (Putraghni) do not occur without vitiation of vata. Thus, first of all vata should be normalized. Only then treatment of other doshas should be done. Dahsmoolarishta is nouritious to imaciated persons, by the use of this infertile woman (recurrent abortions) conceives and pregnancy continued till term without any complications.

The case highlights the facts that confidence can be placed in ayurvedic treatment principles even in a case where modern medicine progress is less effective as compared with ayurvedic medicine. The patient was diagnosed in ayurvedic term and treated accordingly. From above case it can be concluded that Dashmoolarishta is useful in the treatment of recurrent abortion.

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