



Case Study

AYURVEDIC INTERVENTION IN SECONDARY RECURRENT PREGNANCY LOSS LINKED TO TORCH INFECTION

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ABSTRACT

TORCH infections during pregnancy are linked to congenital anomalies, unfavourable fetal outcomes, and subsequent reproductive failures. Secondary infertility associated with recurrent pregnancy loss (RPL) poses a significant clinical challenge, particularly when linked to TORCH infections (BOH), which adversely affect implantation and fetal viability. Conventional management often offers limited success, prompting the exploration of complementary approaches. Ayurveda conceptualizes such conditions under *Vandhyatva*, *Putraghni Yonivyapad*, and *Garbhasrava*, emphasizing the role of *Dosha* imbalance, impaired *Agni*, and vitiation of *Artava* and *Beeja*. In Ayurveda, recurrent expulsion of the fetus before viability due to vitiated *Shonita* during *Garbha* formation is referred to as *Putraghni Yonivyapad*, emphasizing the need for achieving a healthy, full-term pregnancy. This case report presents the Ayurvedic management of a woman with secondary infertility and a history of recurrent abortions associated with TORCH positivity. The intervention comprising *Deepana-Pachana*, *Shodhana* procedures, *Rasayana* therapy, immunomodulatory and *Garbha Sthapaka* formulations, along with dietary and lifestyle modifications. Following the treatment reduction in infection markers, and successful conception with maintenance of pregnancy is observed. This case highlights the potential role of individualized Ayurvedic intervention in managing secondary infertility complicated by recurrent pregnancy loss and TORCH infection.

INTRODUCTION

Although achieving a full-term pregnancy is the desired outcome, pregnancies may end prematurely for various reasons, including recurrent pregnancy loss. Affecting approximately of 1% of fertile couples, RPL is classically defined as 3 or more consecutive pregnancy loss at <20 weeks gestation with fetal weight < 500mg.<sup>[1]</sup> Secondary RPL refers to multiple pregnancy losses in a patient with prior live birth.

An overall TORCH IgM positivity rate of 61.1% was recorded, with rubella as the predominant infection (46.5%), followed by HSV-1/2 (41%) and CMV (34.7%) in central India.<sup>[1]</sup>

Remarkably, the likelihood of achieving a successful pregnancy remains greater than 50% even after 5 miscarriages.<sup>[2]</sup> Among the recognized causes of RPL, genetic factors, immune and endocrine factors play a significant role in first trimester. In India, the prevalence of TORCH infection is reported to be 61.1%, contributing to approximately 2–3% of all congenital anomalies or birth defects.

The TORCH test, which falls under IDAT (infectious illness antibody tests), counts antibodies against a certain infectious group to determine the blood concentration of that infectious disease. The infections on the TORCH panel are: Herpes simplex virus (HSV), cytomegalovirus (CMV), rubella, and toxoplasmosis. Torch infections pose serious implications to the fetus due to its underdeveloped immune system. This infection can adversely impair foetal development and may lead to recurrent miscarriages; it must be treated appropriately.

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*Garbhastravi Vandhya* (RPL) has been described by *Harita Samhita* under infertility. It was critically reviewed in the context of certain *Jatharinis*, *Putraghni* and *Asrija Yonivayapad* which denotes repeated abortion.

Here in this article, a case of secondary repeated pregnancy loss due to TORCH positive infection was successfully treated with Ayurveda has been discussed.

### Case Report

On, a 28-year-old female patient visited at Prasuti Roga OPD, Shri Dhanwantry ayurvedic college and Hospital, 46 B Chandigarh. The patient arrived with a history of 4 spontaneous abortions. Her menstrual cycle was regular. Patient has faith in Ayurveda from earlier so she directly approached Ayurveda. The patient presented with a previous ultrasound reports dated that showed no cardiac activity in the foetus.

**Past medical history-** Patient has no any major illness.

**Family history-** No any history of major illness.

**Addictions-** No any

**Menstrual History** - Menarche at- 13 years of age, menstrual cycle - 4-5/28-30 days, no. of pads/day - 1-2 pads/day, colour of menstrual flow- brownish, nature of bleeding- clotted bleeding on the day first

### Obstetric History: P1L1A5

L1= 6 years, female, FTVND (2018)

A1= Missed abortion at 2 months pregnancy in 2020

A2= Spontaneous abortion at 2&1/2 months pregnancy in 2020

A3= Spontaneous abortion at 1&1/2 months pregnancy in 2022

A4= Spontaneous abortion at 1&1/2 months pregnancy in 2024

### 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 cm
- Weight - 51Kg
- Tongue- Not coated
- Pallor/Edema/Clubbing/ Cyanosis/Icterus/Lymph adenopathy - Absent

### Systemic Examination

- CVS/RS - NAD
- CNS - Conscious, oriented P/A- Soft, tenderness absent, no organomegaly

**Breasts Examination:** Bilateral Breasts- Soft, symmetrical, NAD

### Gynaecological examination

#### 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- present

Local lesion - Absent

Cervix - Unhealthy

Erosion - Present over both lips

#### P/V examination

- Uterus- anteverted
- Normal size
- Fornices - Free
- Tenderness absent
- Os- Multiparous

### Ashta Sthana Pareeksha

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

### Dashvidha Pareeksha

- Prakruti - Kaphapradhaana Vatanubhandi
- Vikruti- Pittaja
- Sara - Madhyama
- Samhanana - Madhyama
- Pramana - Madhyam
- Height:157cms
- Weight: 60 kg
- Satva - Madhyama
- Satmya - Madhyama
- Aahara Shakti & Abhyavarana Shakti - Madhyama
- Jarana Shakti - Madhyama
- Vyayama Shakti - Madhyama
- Vaya - Madhyama

| Date and Year | Clinical events and Interventions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18/7/2024     | <p>Patient came with c/o absence of menstruation since 3 months<br/>H/o irregular menstruation since 6 months<br/>Anxious to conceive since 3 years for second child.<br/>Nausea, dizziness present<br/>UPT was done and came negative<br/>USG was done - No abnormalities detected, ET- 8.2 mm<br/>LMP 15/4/2024<br/><b>Advise</b><br/><i>Artavajanan vati</i> 2 tid a/f<br/><i>Kumaryasava</i> 15ml tid with equal amount of water a/f for 7 days</p>                                                                              |
| 27/7/2025     | <p>Patient got menstruation on 27/7/2025 after ayurvedic medication<br/>Anxious to conceive since 3 years for second child<br/><b>Advise</b><br/><i>Phala ghrta</i> 1 tsp with milk at 6am and 6pm for 1 month<br/><i>Shatapushpa choorna</i> 1 tsp with honey for 1 month<br/><b>Advise for investigations</b> <ul style="list-style-type: none"> <li>• Torch and APLA</li> <li>• Thyroid profile</li> <li>• Serum Prolactin</li> <li>• CBC ESR</li> <li>• Urine routine</li> <li>• Amh level</li> </ul> </p>                       |
| 27/9/2024     | <p>Patient again got missed periods<br/>C/o generalised weakness, tiredness since 1 week<br/>Lmp - 23/8/2024<br/>Upt done - came negative<br/>Patient was advised to come on second day of menstruation<br/>Torch positive<br/><b>Advise</b> <ul style="list-style-type: none"> <li>• <i>Artavajanan vati</i> 2 tid with LWW a/f</li> <li>• <i>Dooshivishari Gulika</i> 1 tid with LWW a/f</li> <li>• Septillin tab 1 bd with LWW a/f</li> <li>• <i>Patol katurohini kashaya</i> 15ml b/d with equal amount of water</li> </ul> </p> |
| 3/10/2024     | <p>Patient came with Lmp -2/10/2025<br/><b>Advise</b><br/><i>Pushpadhanwa rasa</i> 2 bd with LWW a/f 15 days<br/>Follicular study was done in this cycle - No dominant follicle seen<br/>Semen analysis was done - Within normal limits</p>                                                                                                                                                                                                                                                                                          |
|               | <p>So, planned for <i>Virechana</i> from 20/10/2024- with<br/><i>Deepana Pachana</i> with <i>Agnitundi vati</i> 2 tid b/f with lukewarm water for 3 days.<br/><i>Snehapana</i> done with <i>Panchtikta Guggulu ghrta</i> started from 30 ml to 130 ml for 4 days.<br/><i>Sarvanga abhyanga</i> with <i>Ksheera Bala taila</i> for 3 days followed by <i>Virechana</i> with <i>Trivrut avleha</i> 80 grams empty stomach.<br/>No. of Vegas<br/>Type of <i>Shuddhi</i><br/>Advise for <i>Samsarjana karma</i></p>                      |
|               | <p>Patient got menstruation on 10/11/2025<br/>Advised for follicular study<br/>Dominant follicle was seen</p>                                                                                                                                                                                                                                                                                                                                                                                                                        |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | <b>Advise</b> <ul style="list-style-type: none"> <li>• <i>Dooshivishari Gulika</i> 1 tid with LWW a/f.</li> <li>• Septillin tab 1 bd with LWW a/f.</li> <li>• <i>Patol katurohini kashaya</i> 15 ml b/d with equal amount of water.</li> <li>• <i>Phala Ghrita</i> 1 tsp with milk at 6am and 6pm for 1 month.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 28/6/2025  | Patient got missed periods<br>Lmp - 12/5/2025<br>Upt came positive<br><b>USG</b><br><b>Impression:</b> Eccentric gestational sac seen<br>Fundal region 4*3 mm- endometrial thickness 1.9 cm<br>(No fetal pole, yolk sac, cardiac activity seen)<br><ul style="list-style-type: none"> <li>• Advise for repeat scan after 2 weeks.</li> <li>• Advise folinal tab 4mg OD.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                 |
| 19/7/2025  | <b>USG (early pregnancy scan)</b><br><b>Impression</b><br>SLIUF Of 7 weeks 0 days.<br>Cardiac activity present.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 22/8/2025  | <b>NTNB scan:</b> SLIUF of 12 weeks 4 days<br>NT- 0.10 cm<br>Dual marker test: Screen Negative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 16/10/2025 | Level 11 (Anomaly scan): SLIUF of 20 weeks 0 days; EFBW: 324 grams; Placenta: Anterior, Upper segment (Grade 2)<br>No gross congenital anomaly is seen.<br>Quadruple marker test: Screen Negative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 14/2/2026  | Doppler Scan: SLIUF of 36 weeks 4 days<br>EFBW 3003 grams =/- 300.3 grams<br>Liquor – Adequate<br>Placenta- Anterior (grade 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 25/2/2026  | Patient got admitted in IPD with c/o pain in lower abdomen associated with low back ache since 2 days with POG 38 weeks 4 days.<br>On examination<br>Bp 120/70 mmhg<br>Pulse 84 bpm<br>P/a Uterus at term<br>Irritable +<br>FHS reg (148 bpm)<br>Fm +<br>PV: cx os admits 1 finger<br>10-20% effaced<br>Head-3 station<br>Augmentation was done with Misoprostol 12.5 mcg sublingual and after 4 hrs Oxytocin 5 Units in 500 ml RL was started.<br>After 12 hrs of augmentation with no changes in PV findings,<br>Patient was shifted to OT for LSCS with indication: G6P1L1A4 with POG 38 weeks 4 days. with precious pregnancy with augmentation failure and delivered a healthy female baby on 26/2/2026 at 3:45PM. APGAR score was normal. Both baby and mother were healthy. |

**Therapeutic focus**

It was mainly classified as:

*Shodhana, Shamana, Samanya Garbhini paricharya, Garbha Sthapaka gana, Garbha srava chikitsa, Tridoshara chikitsa.*

**The treatment arranged accordingly**

- *Shodhana:* Course of *Virechana, Snehapana* with *Panchatiktaka Guggulu Ghrita.*

- *Shamana: Patola katuohinyadi kashaya, Dooshivishari Gulika, Phala Ghrita, Tab. Septillin, Shatapushpa Choorna, Lapeden tab.*
- *Samanya Garbhini paricharya: Masanumasika Garbhini paricharya* which is explained in the classics from 2<sup>nd</sup> month to till term.

## DISCUSSION

**Shodhana:** *Pitta* and *Rakta* are considered as *Dosha* according to *Acharya Charaka* and *Sushruta* respectively and any infections in the body will be due to *Dosha dushti* and to normalize the *doshas* in the body and pacify the vitiated *doshas*. *Shodhana Chikitsa* is described in *Ayurveda*, among which *Virechana* is specifically indicated for the management of *Pitta* and *Rakta Dosha*.<sup>[3]</sup>

TORCH is a viral infection which causes the *Rakta dushti* which in turn related with *Pitta vikruti*. Hence, *Virechana* is advised. *Virechana* drugs possess properties such as *Ushna, Tikshna, Sukshma, Vyavayi, and Vikasi*. By virtue of their inherent potency, these drugs enter the vascular channels and circulate throughout the body with the help of *Vyana Vayu*. Owing to their *Ushna* quality, they liquefy the compacted *Doshas*, while their *Tikshna guna* helps in dislodging the *Doshas* adhered within both gross and subtle channels of the body. Consequently, these vitiated *Doshas* move toward the gastrointestinal tract, reach the stomach, and are then propelled downward by *Udana Vayu*.<sup>[4]</sup>

All these drugs are having *Tridosha Shamaka* property thus bringing the *Doshas* to near a state of equilibrium.

**Shamana-** The medicines like *Patola katuohinyadi kashaya, Dooshivishari Gulika, Tab. Septillin, Bilwadi Gulika* are potent ayurvedic medicines that is known to treat disorders aggravation of *Pitta* and *Kapha dosha*, By the action of anti-viral, anti-inflammatory and antioxidant properties.

- *Dooshivisha* vitiates *Agni*, Produces *Ama*, And Disturbs *Tridoshas*, especially *Kapha* and *Pitta* and affecting *Rasa, Rakta* and *Other Dhatus* respectively. This concept closely correlates with chronic inflammation, oxidative stress, immune dysregulation, and hormonal imbalance.
- *Dooshivishari gutika* is a poly herbal tablet formulation mentioned in classics for variety of poisoning and toxins effect. It is very helpful in managing infections like TORCH. Its property is to eliminate excessive heat, burning sensation and remove toxins from the body. This formulation is prepared from a total number of 14 ingredients, having *pippali* (*Piper longum*), *Jatamansi* (*Nardo Stachys Jatamansi*), etc. It helps in pacifying *Kapha* and *Pitta dosha*.

- In *Patolkatuohinyadi kashaya*, all drugs are *tikta* and *Katu rasa Pradhan dravya*. Therefore, *Patolkatuohinyadi kashaya* have *Kapha-pittahara* and *Tridosahara* property. *Patol, Katak, Chandana, and Patha* have *Kapha-pitta shamaka* property. *Murva* and *Guduchi* have *Tridosahara* property.
- Septillin tablet plays an important role in the management of TORCH infection by enhancing *Vyadhi Kshamatva* (immune resistance) and reducing chronic infection and inflammation. TORCH infections are associated with immune dysregulation, persistent inflammation, and recurrent pregnancy loss, which in *Ayurveda* can be correlated with *Ama, Pitta-Rakta Dusti*, and impairment of *Rasavaha* and *Artavavaha Srotas*. It consists of *Guduchi* and *Yashtimadhu* possess immunomodulatory, anti-inflammatory, and antimicrobial properties that help in reducing infections, improving systemic immunity, and correcting *Doshas* imbalance.
- Lapeden mainly contains *Jaivanti* (*Leptadenia reticulata*) and *Kamboji*. Its useful actions like *Brimhana & Rasayana, Ojovardhaka, Garbha sthapana, Raktprasadana*.
- *Acharya Sharangadhara, Vagabhatta, Yogaratnakar* and *Bhavaprakash* mentioned *Phalaghrita* in the treatment of *Vandhyatva*. *Vandhyatva* is a *Vata* dominated *Sannipataja vyadhi*. *Ghrta* is *Tridoshaghna*. Due to its properties and milk is also *Vata-pitta shamaka, Jivaniya* and *Rasayana*. So, *Phala-ghrita* has the properties of *Ghrta*, milk and other ingredients. *Phala-ghrita* contains mainly *Tikta, Madhura* and *Katu rasa, Laghu, Snigdha*guna, both *Katu* and *Madhuravipaka* and also *Ushna* and *Sheetavirya*. It also has *Dipana, Pachana, Lekhana, Anulomana, Shothahara, Krimighna, Balya, Prajasthapana*.

## CONCLUSION

Ayurvedic treatment protocol plays an important role in managing *Vandhyatva* due to *Putraghni Yonivayapad* and in preventing recurrent miscarriages.

*Virechana Karma* plays a significant role in the management of TORCH infection by eliminating vitiated *Pitta* and *Rakta Dosha*, which are primarily involved in *Garbhashaya* and *Artavavaha Srotas*.<sup>[5]</sup> TORCH infections lead to chronic inflammation, impaired immunity, and recurrent pregnancy loss, which in *Ayurveda* can be correlated with conditions like *Putraghni Yonivayapada*.

*Virechana* helps in *Shodhana* of *Rakta* and *Pitta*, thereby reducing aggravated *Doshas*, thereby, clearing *Ama*, and improving *Agni* and *Dhatu Poshana*.

*Shamana Chikitsa* helps in stabilizing *Doṣhas*, enhancing *Vyadhi Kṣamatva*, and promoting *Dhatu Poshana* through *Deepana-Pachana*, *Raktprasada*, and *Rasayana* therapies. This integrated approach improves uterine receptivity and strengthens maternal immunity, creates a favourable environment for *Garbha Sthapana* and *Garbha Vṛddhi*, and ultimately aiding in the prevention of recurrent pregnancy loss associated with TORCH infection.

*Garbha Sthapana Chikitsa* primarily supports the growth and stabilization of the foetus by preventing *Garbha Chyuti* before *Prakṛta Prasava Kala*, enhancing the qualities of the foetus such as *Ayu*, *Bala*, *Varna*, and others, thereby ensuring a healthy foetus and a healthy mother.

The treatment did not show any type of adverse effects during her antenatal, Intranatal and post-natal period.

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