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CONCEPTUAL UNDERSTANDING OF TORCH INFECTIONS IN AYURVEDA

Dr. Harshitha M. N.[1]*, Dr. Papiya Jana[2]

[1]PG Scholar, [2]Professor,
Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveshwara Swamy Ayurveda Medical College and Research Centre, Bengaluru.

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***Corresponding Author**

Dr. Harshitha M. N.

PG Scholar, Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveshwara Swamy Ayurveda Medical College and Research Centre, Bengaluru.

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ABSTRACT

Introduction: TORCH infections are a major cause of adverse reproductive and perinatal outcomes, including infertility, recurrent pregnancy loss, intrauterine growth restriction, congenital anomalies, and neonatal morbidity. Although these infections are well defined in modern medicine, classical Ayurvedic texts describe several gynecological and obstetric conditions such as *Yonivyapad, Garbhasrava, Dushta Artava, Krimijanya Vyadhi, Jataharani*, and *Aupasargika Vyadhi*, which can be conceptually correlated with infectious etiologies. This study aims to understand TORCH infections through the Ayurvedic principles. **Materials and Methods:** Literatures were reviewed from classical textbooks, contemporary books, e-books, and published articles. *Ayurvedic* concepts related to *nidana, samprapti, lakshana*, and *chikitsa* were critically analyzed and correlated with TORCH infections. **Results and Discussion:** Ayurvedic concepts including *Mithyachara, Krimijanya Vyadhi, Aupasargika Vyadhi, Jataharani, Dushta Artava, and Jarayu dosha* demonstrate close conceptual similarity to the transmission, placental involvement, and fetal effects of TORCH infections. Classical descriptions of *Yonivyapad, Garbhasrava and Garbha Vikriti* parallel modern clinical manifestations such as infertility, recurrent abortions, IUGR and congenital anomalies. Ayurvedic management strategies including *Garbhadhana Vidhi, dosha*-based *chikitsa, Shodhana* and *Shamanoushadi's* demonstrated favorable reproductive outcomes. **Conclusion:** TORCH infections can be comprehensively understood through *Ayurvedic* principles, offering a holistic approach for prevention and management to improve maternal and fetal outcomes.

KEYWORDS: TORCH infections, *Garbhasrava, Dushta Artava, Dushita yoni*.

INTRODUCTION

TORCH infections comprise a group of infections that have special significance in gynaecological and obstetrical practice due to their potential to cause adverse reproductive and pregnancy outcomes. The acronym TORCH includes (T) refers to toxoplasmosis, (O) means "others" and includes syphilis, Hepatitis B, HIV and parvovirus B19, and among others, (R) refers to rubella, (C) relates to cytomegalovirus infection, and (H) to herpes simplex virus infections. The overall TORCH infection positivity rate was 61.1% in India (2017-18)[1], although further research is needed to clarify the burden of these infections globally. These infections can cause infertility, repeated miscarriages, IUGR and congenital abnormalities in gynaecological and obstetric conditions. In *Ayurveda*, *Yonirogas*, *Garbhasrava*, and *Garbhapata*, *Dushta Artava* is highlighted as a cause, resulting from *Mithyachara* (improper diet and lifestyle) *Krimijanyaja* and *Jataharani*, *Bhutabhishanga*, or *Amanusha Upasarga* have also been explained in ayurvedic literature. These factors can be interpreted as parallels to pathogen transmission, suggesting TORCH infections may be considered a causative factor within this Ayurvedic framework.

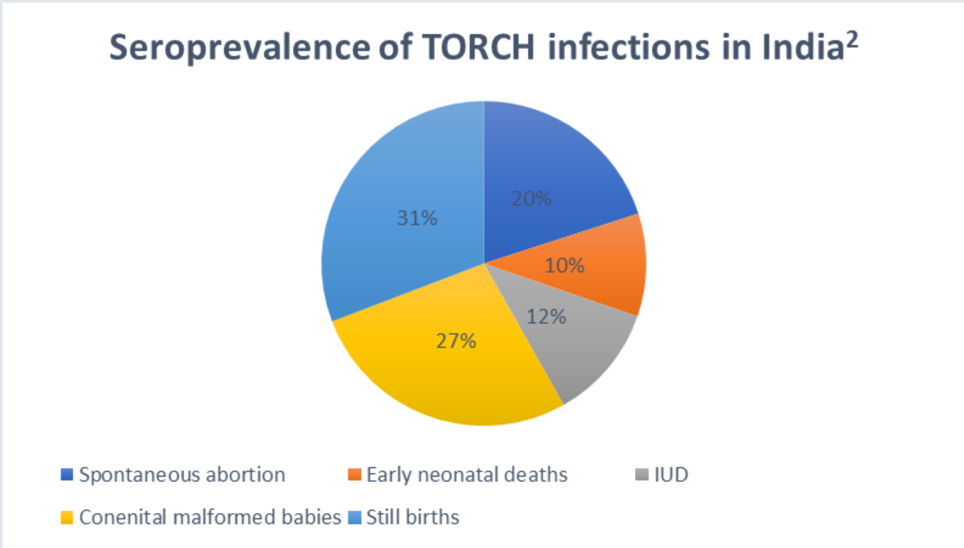
AIMS AND OBJECTIVES

Understanding the concept of TORCH infections through *Ayurveda.*

MATERIALS AND METHODS

Literatures were reviewed from classical textbooks, contemporary books, e-books, and published articles.

OBSERVATION



Individuals presenting to Ayurvedic OPDs with a history of TORCH infections and associated gynecological and obstetric disorders are commonly encountered, and treatments based on Ayurvedic principles have demonstrated successful outcomes. Hence a detailed discussion on such diseases affecting women in their reproductive age related to the *nidana*, *samprapti*, *lakshanas* and *chikitsa* are as follows.

1. *Nidana*

The *nidanas* associated with TORCH infections can be understood under the following headings through the explanation of the following conditions.

a. *Mithyachara*

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Highlighting *Mithyachara* as one among the causative factor for *Yoni vyapads/*Gynecological disorders. Here, like TORCH infections in humans primarily occur due to poor food safety and hygiene practices, such as the ingestion of raw or undercooked meat, can be considered.[3]

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(□ □. □ □. □ □. 5/27)

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Dalhana also quotes, communicable disease communicates to those who are susceptible to infection or exposed to causative factors.

Acharya Susruta mentioned that *Aupasargika vyadhis* are communicable diseases or infections due to person to person contact through physical intimacy (Sexually transmitted), eating together (Droplet contamination) which highlights the mode of transmission of infections including TORCH infections. In addition to passing horizontally (from person to person), TORCH infections can also transmit vertically (from mother to infant).[4]

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□□ (kashyapa kalpa 6 /12,13)

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(Kashayapa kalpa 6/8)

Acharya Kashyapa have mentioned while explaining *jataharani*, it kills the progeny of woman who indulge in *Adharma achara*, *ashoucha kriya* and can lead to infertility. As poor sanitation practices can promote infection and induce stress during pregnancy and may contribute to adverse pregnancy outcomes (APOs)[5] like pregnancy loss/still birth.

❑ उपविष्टक

□□□

[illegible]

(अ.□ □.□ □. 4/11,12)

Acharya Vagbhata explained that, *Garbhini* indulging in diet and regimen contra-indicated (after 4^{th} month of gestation) during pregnancy, vitiates the *doshas* thereby causes *Pushpadarshana* and *Yonisrava* affecting the *garbha* which can lead to *Upavistaka/ Upasuska.* Growth retardation is a common clinical manifestation of torch infections and routine screening for TORCH in IUGR and SGA neonates has become common practice.[6]

[As the paddy in a field does not grow properly, if water channels are obstructed with leaves/grass etc. and water does not reach the crops, similarly vitiated dosas block *rasavaha nadi* blocking the nourishment to foetus causing *Upavistaka* or *Upasuska.*[7]]

[illegible]

(च.□ □.□ □. 2/29-30)

As stated that *Matruja dosha*, can cause deformities in the fetus because of maternal TORCH infection. And studies shows that there are 32% of neonatal mortality was associated with multiple TORCH infections in India.[8] Approximately 2% to 3% of all congenital anomalies are attributed to perinatal infections.[9]

b. Krimijanya

[illegible] (□ □.□ □. 8/9)

[illegible]

(च.□ □.□ □. 2/6)

Considering *Krimi* as various pathogens like TORCH, which can infect *garbhashaya* leading to miscarriage. Abortions (10-15%) are attributed to TORCH infections.[10]

c. *Yoni dosha* or *Dusht artava*

[illegible] (च.□ □.□ □. 30/38)

[illegible]

(च.□ □.□ □. 2/7)

Charaka quoted that *Dushita yoni* is one of the factors to cause infertility either may be primary or secondary. *Acharya chakrapani* commented that, if *yoni* gets *dushita*, it cannot able to receive *shukra*, thus fertilization is hampered. Even if fertilization takes place implantation is hampered, hence no conception. Here, *dushita yoni* can be considered as diseased/ unhealthy state of lower reproductive tract which can be caused due to TORCH infections. These infections during pregnancy are associated with adverse congenital abnormalities, poor fetal outcome and subsequent reproductive failures.[11]

[illegible] (च.□ □.□ □. 30/28-29)

In the context of *Putraghni Yonivyapad, Acharya charaka* mentioned *Dustha shonita* which can be taken as infectious agents in the blood which can lead to abortions either in early or late pregnancy. Studies show that all serum samples underwent testing for Rubella-specific IgG and IgM antibodies, demonstrating a seropositivity rate of 28.5% among cases with a bad obstetric history. Elevated seropositivity (93.3%) was noted in women experiencing recurrent abortions, followed by low-birth-weight cases (21.8%).[12]

[illegible] (□ □.□ □. 7/182 आढ.□ □.)

An abnormal *Jarāyu* covering the foetus is termed as *Jarāyu dosa*. Highlighting regarding sustainity of fetus by *Jarayu* which constitute *rakta dhatu* and its *dosha*, can be considered as placental infection like in TORCH. Some studies revealed Histopathological examination revealed chorionic villitis (CV) in TORCH infections.[13]

2. *Samprapti* (Based on understanding)

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दोष प्रकोप (त्रिदोष)

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स्थानसंश्रय in आर्तववह स्रोतस्

In स्त्री - योनि रोग’s, □ □ □ □ □ □ □ □,□□□ □ □ □ □ □ □ □ □ □ □ □ □ □’s, □ □ □ □ □ □ □ □ □□□ □ □ □ □ □ □ □ □ □ □

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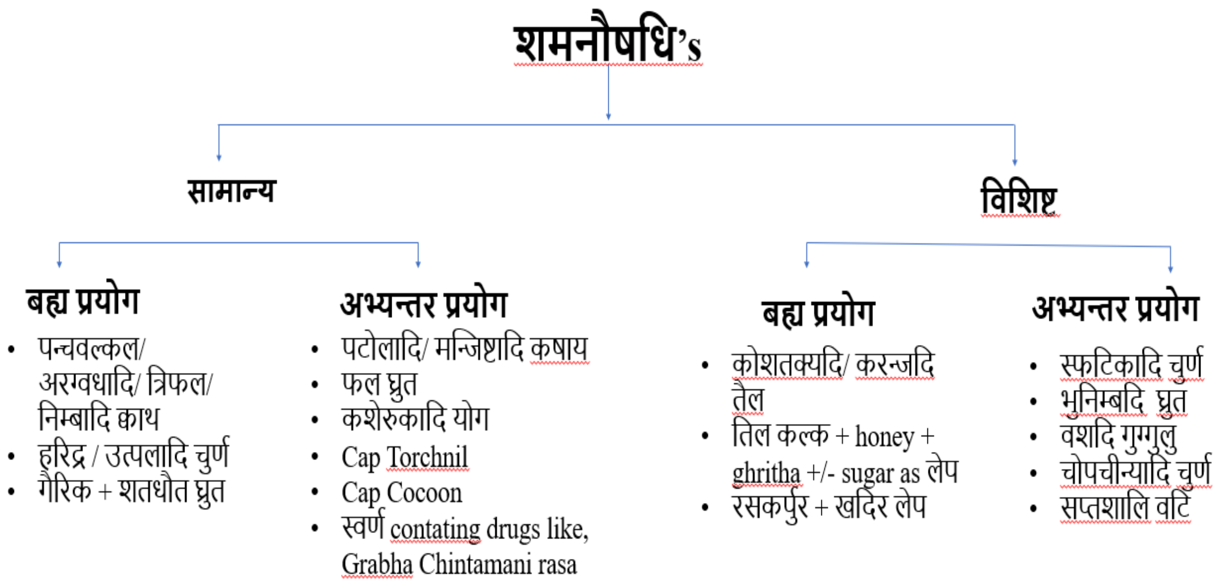
3. ***Lakshanas includes*** **योनि रोग’s,** □ □ □ □ □ □ □ □ □,□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □’s, □,□ □□ □ □ □ □ □ □ □ □ □ □ □ □ □ □,□ □ □ □ □ □ □ □ □,□□ □ □ □ □ □ □ □ □.□ □

4. ***Chikitsa***

	In *Stree roga*	**As *Garbhadhana vidhi***	**In *Prasoota rogas***
Purpose of treatment	To improve reproductive outcomes. To improve the quality of women’s life.	To achieve positive conception and successful pregnancy.	To maintain healthy pregnancy. For better fetal and maternal outcome.
Chikitsa	*Shodhana* in required conditions with *bahudoshavastha* according to *dosha* predominance and *Shamanoushadhis* like Cap Torcnil, Cap Cocoon, Kasherukadi yoga[14]	Following *garbhadhana vidhi* with *shoshanas* and following *pathya*, *Rasayanas*	Conditions to be treated accordingly



DISCUSSION

TORCH infections are crucial in gynecology/obstetrics, posing significant risks during pregnancy, leading to miscarriage, birth defects, developmental delays, and severe newborn issues. Several patients approach for ayurvedic consultation which needs specialised treatment efforts and counselling so as to make the patients understand about the illness.

Ayurveda emphasizes the principle of *“Swasthasya Swasthya Rakshanam”*, highlighting the importance of maintaining the function of reproductive system in order to treat both gynecological and obstetrical disorders which are the effects of TORCH infections. Routine screening, especially in women with a history of poor obstetric outcomes is recommended. The Ayurvedic concept of *Garbhadhana Vidhi* plays a key role in enhancing maternal immunity, preventing infection transmission to the fetus, and reducing congenital deformities, thereby promoting a healthy pregnancy outcome as well as the maintaining the quality of women’s life.

CONCLUSION

Ayurveda adopts a comprehensive and holistic system for addressing disorders caused by TORCH infections in women, thereby supporting their overall health and wellbeing.

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