

TO STUDY THE EFFICACY OF YASHTIMADHU TAIL ANUVASAN BASTI ON STAGES OF LABOUR**Hemalata R. Jalgaonkar***

HOD Prasuti and Streerog Dept, Ashtang Ayurveda Mahavidyalaya Pune.

***Corresponding Author: Hemalata R. Jalgaonkar**

HOD Prasuti and Streerog Dept, Ashtang Ayurveda Mahavidyalaya Pune.

Article Received on 17/11/2020

Article Revised on 07/12/2020

Article Accepted on 27/12/2020

INTRODUCTION

Pregnancy is one of the most important events in the life of every women. God has given this magnanimous gift only to woman. The root of the importance of woman lies in their capacity of creation.^[1] Pregnancy during labour is the most crucial stage and needs a critical care during labour. As Acharya Kashyap has described this as women's one leg lies in this loka and other in parloka i.e. there is fear of maternal death or some complications at every moment.

त्रयो दोषः प्रकुप्यन्ति विचल्ये च तिः ।
गवभिणी तद्वस्थ वि यत्नधार्या विशेषताः ॥
एकपादो यमकुले पाद एक इह स्थिताः ॥ 2

The term normal labour is defined as it fulfills the criteria i.e. spontaneous in onset at term, with vertex presentation, without undue prolongation, natural termination with minimal aids, without having any complications affecting the health of the mother and/or the baby.^[3] Passage through the birth canal is the most hazardous journey in individual's life. The amount of pain and discomfort a woman has to face is far more than any pain imaginable. So, to ease her at this juncture of time acharyas have describe masanumasik garbhini paricharya. It is the unique stage where maternal adaptation occurs easily to provide a favorable outcome for both mother and fetus. As per Ayurveda the 'Apana vayu' has important role in the fetal expulsion.^[4] The vayu is essential for contraction and retraction of myometrium and to expel the fetus. To keep this vayu in balanced state, acharyas have advised the administration of anuvasan basti and pichudharana.^[5] Vayu is most likely to be vitiated during pregnancy and it is described that there is no other remedy more beneficial than administration of basti particularly in affliction of vayu. As described in Ayurvedic classics, 'Garbha-Nishkramana' is the function of Apana Vayu. Garbhini paricharya prescribed in ninth month comprises madhuraushadhi siddha taila anuvasana basti^[6] which is the best treatment to control vitiated vata and bring about its anulomana. This anulomana paricharya for apana vayu helps to perform its normal function at the time of labour. Hence the present study is a humble effort to evaluate the effectiveness of Ninth Month Regimen i.e. Navam Masa Garbhini Paricharya as described by

ancient acharyas, on the progress of labour. As described in 9th month regimen, effect of Anuvasana Basti of Madhuraushadhi Siddha Tila Taila was studied on pregnant women of ninth month. Vigunatva in apana vayu will lead to prolonged or obstructed labour or other complications. Basti being the best treatment for vata and madhura rasa being vatashamaka, it brings about vatanulomana and hence the proper garbhanishkramana. Thus, the topic was selected as the subject of research.

The present study is related to day to day practices as Labour is a part of routine practice and is the basis of society. Delivering a normal healthy baby is the aim of labour and results in healthy society. The procedure of Caesarean or Forceps delivery may need expertise but the intervention in this study i.e. Anuvasana Basti in ninth month and handling normal labour does not need the highly qualified expertise of medical field. The intervention used is cost effective as well as not involving longterm treatment regimen and follow-ups. Hence it is convenient to patient as well as to treating doctor. Today the government is planning vigorously for the healthy progeny right from birth. The MCH program is a part of it. Thus, the results of present study will help in such programs to assist the government planning for uncomplicated labour. The topic will help the researches in this field. It may or may not be fulfilling all its aims but it will definitely help to confirm or draw some conclusion in the facts and previous findings of related topic, it will also open new doors for the next researchers in related topic. The research is fully based on Samhitokta facts. The procedures which are stated by samhita are followed as it is, which are time tested and authentic. The procedures are standardized and when followed in strictly, will not harm ethics of medical science and patient safety. The selected topic is the need of society and can be implemented with minimal staff,

expertise, cost effective and strictly adhere to standard ayurvedic principles, hence it will help to draw good results beneficial for society without harming the ethical issues. The pilot study forms the basis of this study which has shown good results. Hence the topic is selected for research work.

AIM

To Study the efficacy of yashtimadhu tail anuvasan basti on stages of labour

Inclusion criteria

1. Written informed consent given and voluntarily willing patient will be taken for the study.
2. Age group - 18 to 30 years.
3. Primi gravida
4. Singleton pregnancy.
5. Garbhini in between 36 weeks to 40 weeks

Exclusion criteria

1. Patients not willing for this study.
2. Multi para.
3. Twin pregnancy.
4. Patients with diseases like PIH, DM, IHD and Anaemia.
5. Immunocompromised patient

Withdrawal criteria

1. Patients willing to discontinue during treatment.
2. Method of selection of comparison/control group: Randomly 100 patients selected and divided them in 2 groups according to inclusion and exclusion criteria.

MATERIALS AND METHODS

1. Literature – available in all Ayurvedic samhitas.
2. No. of patients – 50 in each group.

OBSERVATIONS AND RESULT

1. Age

Sr. No.	No of Patients			Total	Percentage		
	Age (yrs.)	Group A	Group B		Group A	Group B	Total
1	18 to 22	14	15	29	28	30	29
2	23 to 26	23	25	48	46	50	48
3	27 to 30	13	10	23	26	20	23
4	Total	50	50	100	100	100	100

3. Type of study – Open labelled, controlled study.

Group A

Experimental group (50 patients)

Yashtimadhu Tail anuvasan basti. 100 ml, twice in a week Between 36 weeks to 40 weeks.

Group B

Control group (50 patients)

Under observation with common ANC protocol.

Assessment criteria

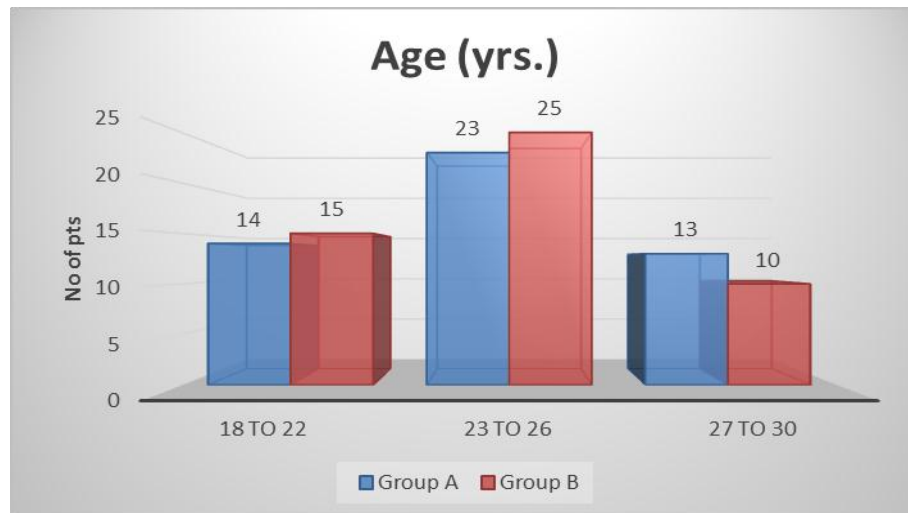
Group of patients	Mean Bishop's score
A	
B	

Mean duration of stages of labour in Group A and Group B

Group of patients	Mean duration of first stage	Mean duration of second stage	Mean duration of third stage
A			
B			

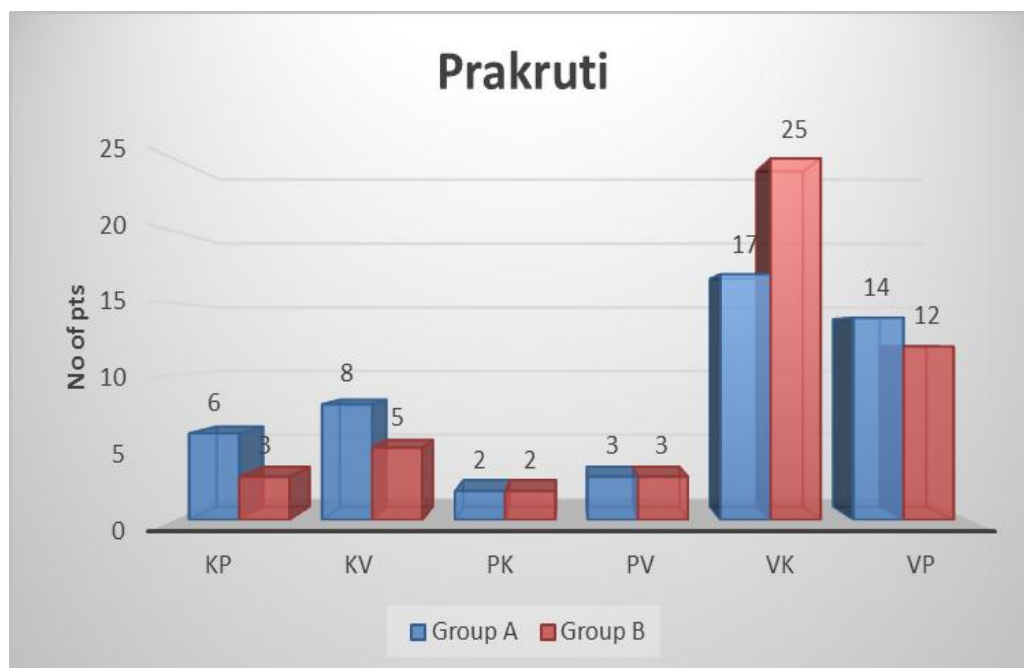
Prasav Swaroop in Group A and Group B

Grade	Prasav Swaroop	Group A	Group B
0	Normal		
1	Normal + Episiotomy		
2	Normal + Forcep		
3	LSCS		



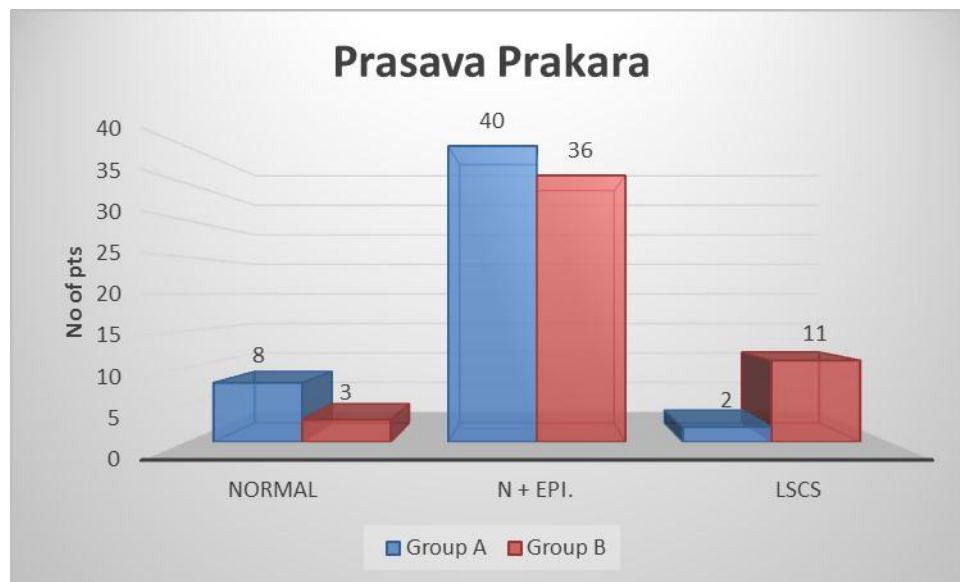
2. Prakruti

Sr. No.	No of Patients			Total	Percentage		
	Prakruti	Group A	Group B		Group A	Group B	Total
1	KP	6	3	9	12	6	9
2	KV	8	5	13	16	10	13
3	PK	2	2	4	4	4	4
4	PV	3	3	6	6	6	6
5	VK	17	25	42	34	50	42
6	VP	14	12	26	28	24	26
7	Total	50	50	100	100	100	100



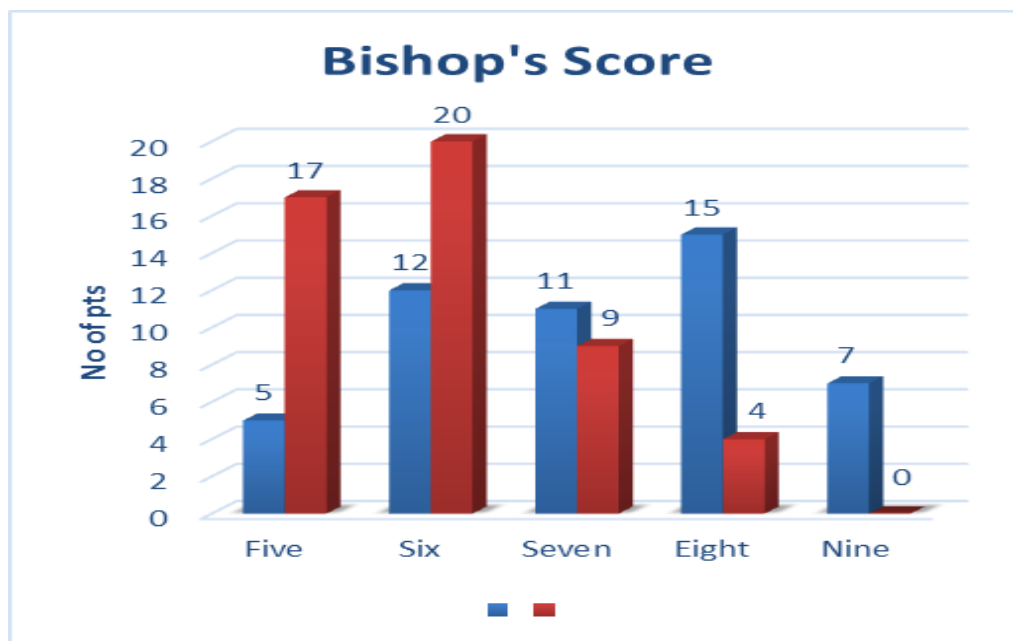
3. Prasava prakara

Sr. No.	No of Patients			Total	Percentage		
	Prasava	Group A	Group B		Group A	Group B	Total
1	Normal	8	3	11	16	6	11
2	N + Epi.	40	36	76	80	72	76
3	LSCS	2	11	13	4	22	13
4	Total	50	50	100	100	100	100

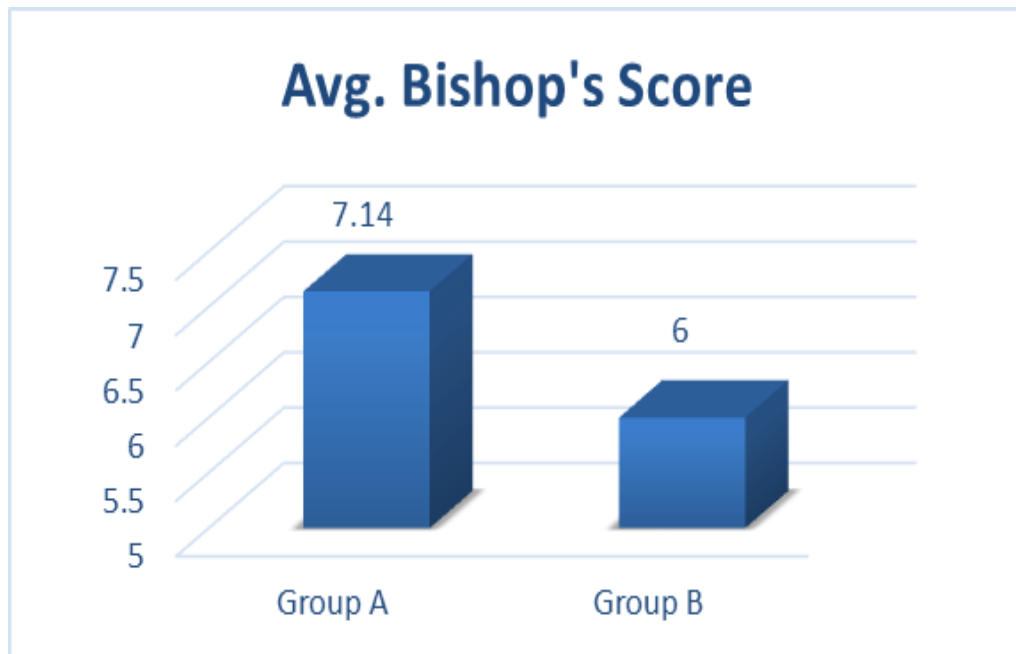


1. Bishop's score

Bishop's Score	No of pts		% of pts	
	Gr A	Gr B	Gr A	Gr B
Five	5	17	10	34
Six	12	20	24	40
Seven	11	9	22	18
Eight	15	4	30	8
Nine	7	0	14	0
Total	50	50	50	50

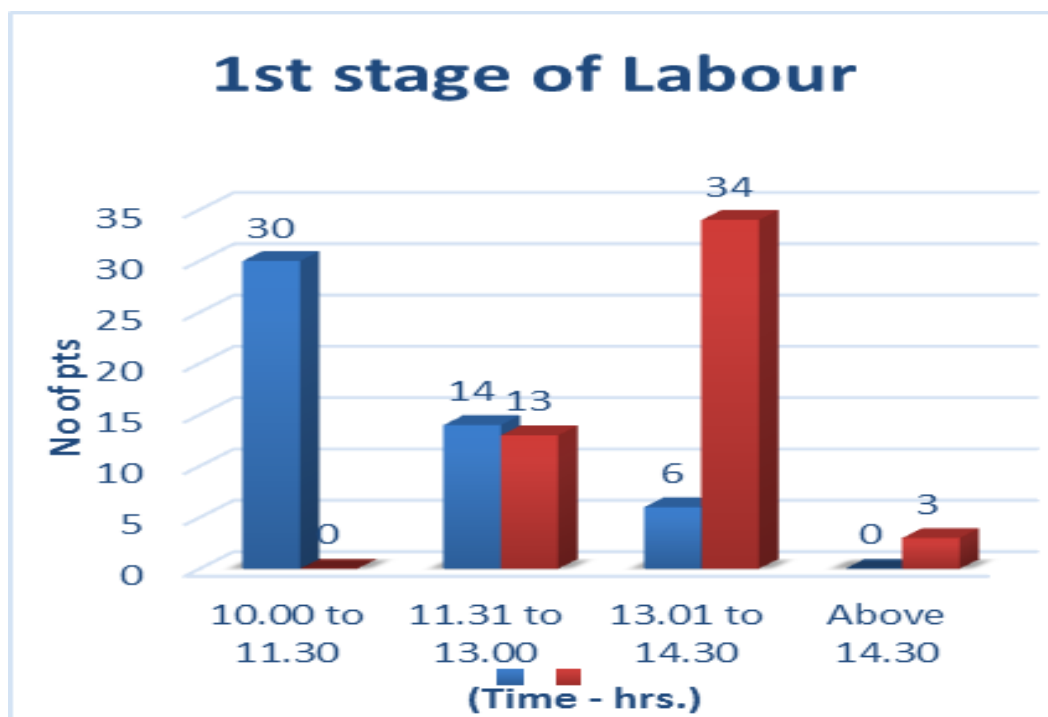


Sr. No.	Group	Avg. Score
1	Group A	7.14
2	Group B	6.00

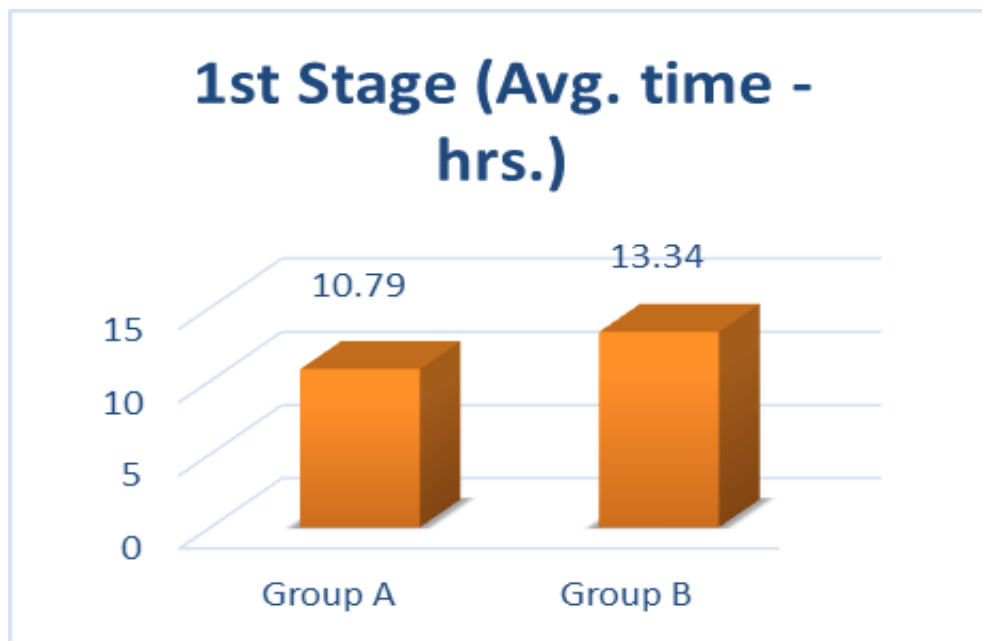


2. 1st stage of labour

Time (hours)	No of pts		% of pts	
	Gr A	Gr B	Gr A	Gr B
10.00 to 11.30	30	0	60	0
11.31 to 13.00	14	13	28	26
13.01 to 14.30	6	34	12	68
Above 14.30	0	3	0	6
Total	50	50	50	50

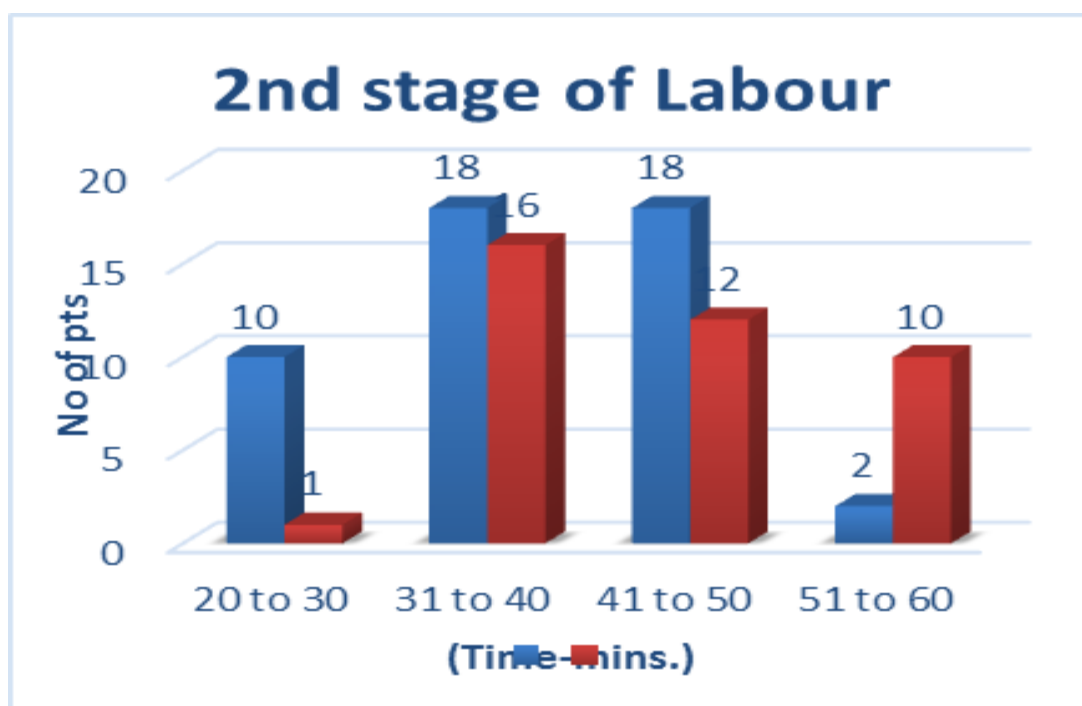


Sr. No.	Group	Avg. Time (hours)
1	Group A	10.79
2	Group B	13.34

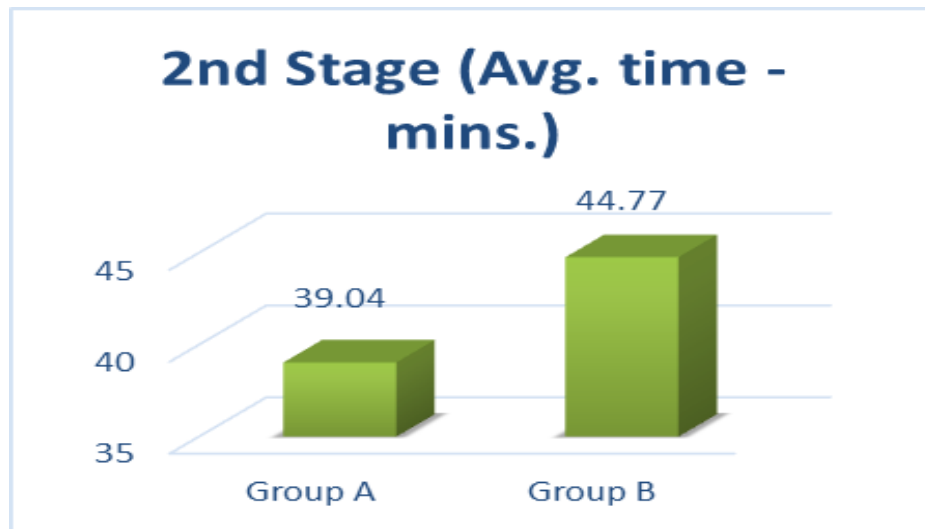


3. 2nd stage of labour

Time (minutes)	No of pts		% of pts	
	Gr A	Gr B	Gr A	Gr B
20 to 30	10	1	20	2
31 to 40	18	16	36	32
41 to 50	18	12	36	24
51 to 60	2	10	4	20
Total	48	39	96	78

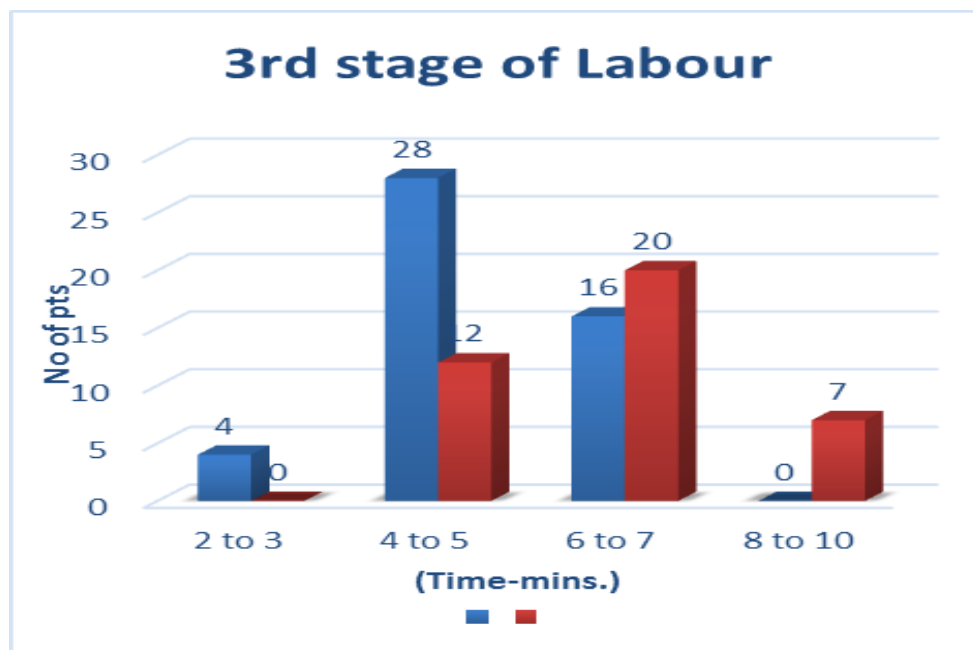


Sr. No.	Group	Avg. Time (minutes)
1	Group A	39.04
2	Group B	44.77



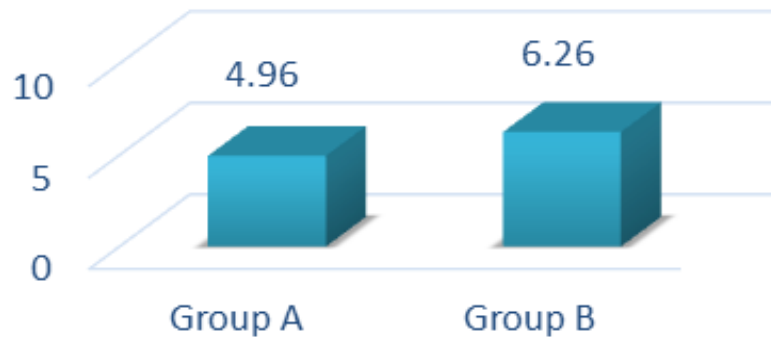
4. 3rd stage of labour

Time (minutes)	No of pts		% of pts	
	Gr A	Gr B	Gr A	Gr B
2 to 3	4	0	8	0
4 to 5	28	12	56	24
6 to 7	16	20	32	40
8 to 10	0	7	0	14
Total	48	39	96	78



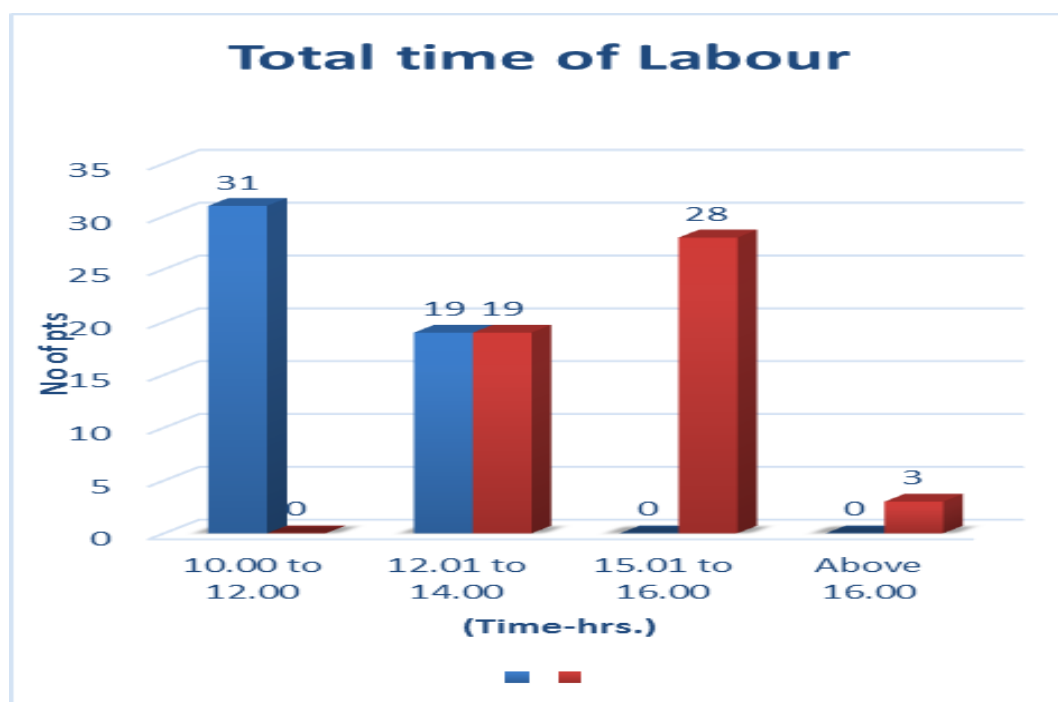
Sr. No.	Group	Avg. Time (minutes)
1	Group A	4.96
2	Group B	6.26

3rd Stage (Avg. time - mins.)

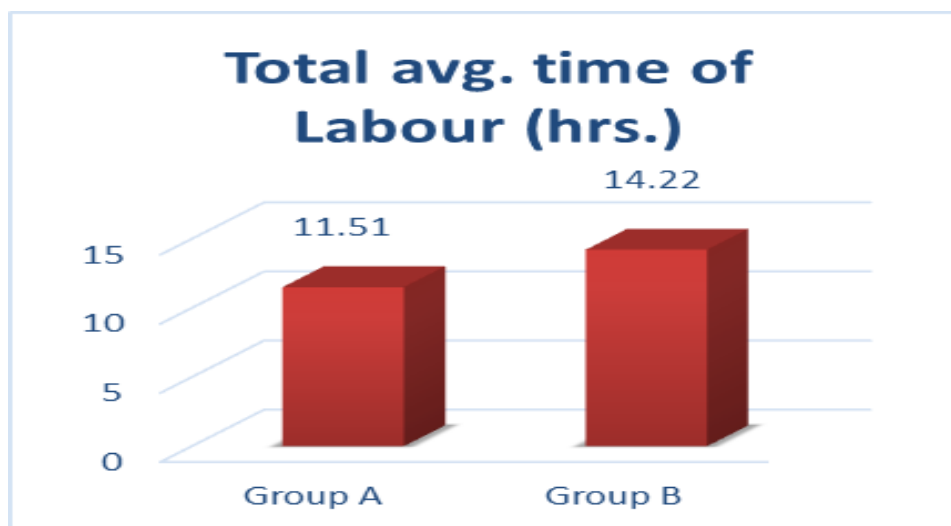


5. Total time of labour

Time (hours)	No of pts		% of pts	
	Gr A	Gr B	Gr A	Gr B
10.00 to 12.00	31	0	62	0
12.01 to 14.00	19	19	38	38
15.01 to 16.00	0	28	0	56
Above 16.00	0	3	0	6
Total	50	50	50	50



Sr. No.	Group	Avg. Time (hours)
1	Group A	11.51
2	Group B	14.22



DISCUSSION

Age

In present study maximum number of patient (48%) were observed between age 23-26 years in both groups. This age limit has maximum body strength and it ultimately helps for good pregnancy outcome.

Prakriti

Vata dosha is the predominant dosha in the body.

Bishop's score

It was observed between the mean score of Group A and Group B in Bishop's Score the mean score of Group A is more than that of Group B.

1st stage of Labour (Time in hrs.)

Significant difference was observed between the mean time (hrs.) of Group A and Group B required for 1st stage of Labour.

2nd stage of Labour (Time in min.)

Significant difference was observed between the mean time (mins.) of Group A and Group B required for 2nd stage of Labour.

3rd stage of Labour (Time in min.)

Significant difference was observed between the mean time (mins.) of Group A and Group B required for 3rd stage of Labour. Mean time (mins.)

Total time of Labour (hrs.)

Mean time (hrs.) of Group A is less than that of Group B.

CONCLUSION

After literary study, clinical trials, data collection, data classification, data presentation and data analysis in the dissertation work "Study the efficacy of Yashtimadhu Tail Anuvasana Basti on stages of labour".

Here is the time conclude few interferences found from the study.

1. Prakrut apana and vyana vayu play important role in sukhprasava.
2. Yashtimadhu Tail Anuvasana Basti is proved to reduce the time required for 1st, 2nd and 3rd stage of labour. The time difference decreases as progress of labour advances.
3. The Bishop's scores for patients of trial group are greater than that of control group i.e. the increase in

Bishop's scores is greater for the patients in trial group which is because of the treatment given to them.

4. The occurrence of LSCS is much less in trial group as compared to control group.
5. Yashtimadhu Tail Anuvasana Basti is safe and easy to administer.
6. No adverse effects were observed in trial group.

Hence it is concluded that,

- Yashtimadhu Tail Anuvasana Basti is significantly effective to increase occurrence of normal labour.
- Yashtimadhu Tail Anuvasana Basti is significantly effective to decrease occurrence of LSCS.

REFERENCES

1. Shreechakrapanidattavirachita ayurved dipika vibhushit Yadavjitrikamjiacharya, Charak Samhita, Chaukhamba Surbharati Prakashan Varanasi, chikitsa sthan chapter, 2018; 30(5): 1009.
2. Ayurvedalankar Shreesatyapal Bhishagacharya, Kashyap Samhita, Chaukhamba Surbharati Prakashan Varanasi, sharir sthan chapter, 5: 85.
3. D.C. Dutta's Textbook of Obstetrics The health Science Publisher, 2011; 7: 113.
4. Ashtang hridaya of Vagbhata Sarvanga sundar of Arundatta and Ayurvedrasayana of hemadri, Edited by pt. Hari Sadasiva Sastri paradakara, Chaukhamba Sanskrit Sansthan, Varanasi, ssutasthan chapter, 2015; 12(9): 55.
5. Shreechakrapanidattavirachita ayurveddipikavibhushit Yadavjitrikamjiacharya, Charak Samhita, Chaukhamba Surbharati Prakashan Varanasi sharir sthan chapter, 2018; 8(31): 955.
6. Shreechakrapanidattavirachita ayurveddipikavibhushit Yadavjitrikamjiacharya, Charak Samhita, Chaukhamba Surbharati Prakashan Varanasi sharir sthan chapter, 2018; 8(30): 955.
7. Sushrut samhita Ayurved-tatva-Sandipika, Hindi commentary, Scientific analysis, notes, etc Chaukhamba sanskrit Sansthan, Varanasi sutra Sthana, chapter, 2015; 40(5): 195.