Research Article

www.ijrap.net

A CLINICAL STUDY TO EVALUATE THE EFFICACY OF SHATAVARI TAILA ANUVASAN BASTI AND PICHU IN 9TH MONTH OF PREGNANCY IN NORMAL LABOUR

Ashwini Narayan Karandikar *

Assistant Professor, Streerog Prasutitantra Department, Tilak Ayurved Mahavidyalay, Pune, India

Received on: 17/06/17 Accepted on: 16/08/17

***Corresponding author**
E-mail: ganu.rucha@gmail.com

DOI: 10.7897/2277-4343.084211

ABSTRACT

Normal delivery is considered as the least traumatic mode compared to operative delivery. In Ayurveda garbhini paricharya (antenatal care) has been mentioned from conception till the delivery. It includes anuvasanbasti (enema with medicated oil) and pichu (vaginal tampon) in the 9th month of pregnancy for sukhapravasa (normal vaginal delivery) of madhura rasa dravya. A clinical study was conducted in 100 primipara patients to rule out efficacy of Shatavari (*Asparagus Racemosus*) taila (oil) anuvasan basti and pichu. According to Ayurveda, Apana Vayu (one type of Vata) in mainly responsible for normal labour.Shatavari taila is madhura, vatashamak and anulomak and also has demulcent action. Due to these properties taila basti was effective in maintaining vata dosha equilibrium and Apana vayu's normal anuloma gati (downward direction) and pichu caused local lubrication of birth canal which facilitated cervical dilatation, effacement and fetal expulsion. Out of 100 primi para, 95 delivered normally and 5 needed caesarean section. Also, significant results were observed regarding total labour duration, necessity for labour induction and augmentation, intensity of uterine contractions, Bishop' score and progress in overall labour process.

Keywords: Normal Delivery, Anuvasan basti, Pichu, Shatavari taila, Apana vayu

INTRODUCTION

Garbhini paricharya (antenatal care)[1] aims towards anupaghataya (preventing untoward effect), paripurnatvaya (to attain full term fetus) and sukhaprasavaya (normal uneventful labour). The incidence of cesarean section[2] is steadily rising which ultimately increases risk of maternal and fetal complications. To minimize these complications, to ensure maternal and fetal wellbeing and to bring about normal vaginal delivery anuvasan basti (oil enema) and pichu (tampon) of madhura rasa siddha taila[3] has been advised in 9th month of pregnancy. Thus, Shatavari siddha taila was used for this study. The principles and formulations regarding striroga and prasutitantra mentioned in Ayurvedic texts no doubt stand invulnerable in this present era also but it the need of this hour to reconfirm them on thousands of observations and statistical data with the help of objective parameters available in today's obstetric practice.

Aims and Objectives

- To study normal labour according to Ayurvedic and modern perspectives
- To study the effect of Shatavari taila anuvasan basti and pichu on stages of labour

MATERIALS AND METHODS

Selections of patients: Total 200 primipara patients were randomly selected from OPD on the basis of inclusion and exclusion criteria. Ethical clearance was obtained from institution ethical committees (ref no. DGPS & RIA of SSAM 526/2008). Written informed consent was obtained prior to clinical trial.

Inclusion Criteria

- Patients aged between 18-30 years
- Primipara (who never has a delivery) with singleton pregnancy
- Gestational age ≥ 34 weeks
- Having no major pregnancy related complications
- With vertex presentation

Exclusion Criteria

- Contracted pelvis, cephalic pelvic disproportion
- Having pregnancy induced hypertension, anemia, and Diabetes mellitus
- H/O previous abdominal / uterine surgery
- Having malpresentations like breech, transverse lie
- Multiple pregnancy
- K/c/o any major systemic illness

Laboratory Investigations

Following baseline investigations were carried out in patients of both the groups

- Haemogram
- BSL (R)
- Urine (R)
- HIV, HBSAG
- USG (Obs)

Methodology

All primi para patients were divided in 2 groups. Written informed consent was obtained

Group A: Trial group and Group B: Control group of 100 each.

A detailed general and obstetric history was obtained and patient from each group was carefully assessed.
Thorough obstetric examination was conducted in following criteria
Height, weight, P/A examination, fundal height, position of fetus, fetal heart sound, fetal lie, fetal presentation.
All patients of both the groups were given routine iron and calcium supplements according to standard ANC protocol

Administration of drugs

Trial group patients were administered anuvasan basti of shatavari taila twice a week with all aseptic precautions and pichu was administered daily from 34 to 38 weeks of gestation. Patient was followed twice a week.

Method of preparation

Shatavari taila was prepared according to SOP of snehapakvidhi[4] and standardized from Prin. B. V. Bhide Foundation (Sp College, Pune).

Follow up study

Patients were followed every 4 days till delivery process completes.

Clinical assessment

General examination, height, weight, Age, Prakriti was done
Obstetric examination fundal height, fetal position, lie, presentation. fetal heart sounds

Assessment criteria

Patients from trial and control group were according to following criteria

Onset of labour
Bishop's score
Labour progress
Cervical dilatation and effacement
Uterine contractions / 10 min
Augmentation with drug required if any
Blood loss after delivery
Partogram
Mode of delivery

STATISTICAL ANALYSIS

Chi Square test and frequency distribution was applied to calculate the observations.

OBSERVATIONS AND RESULTS

Table 1: Effect of shatavari taila basti and pichu on various parameters

Assessment criteria	Trial Group (A) Total 100	Trial Group (B) Total 100	Chi-square values at 1% level of significance	Result
Spontaneous on set of labor	95	82	6.69	Highly significant
Cervical effacement >50 %	84	44	21.54	Highly significant
Total duration of labour < 12 h	95	47	30.67	Highly significant
Partogram normal curve	98	41	64.80	Highly significant
Normal delivery	95	73	16.52	Highly significant

Partogram is a graphical representation of labour progress.

Table 2: Effect of basti and pichu on objective parameters during labour

Assessment criteria	Trial Group (A) Total 100	Trial Group (B) Total 100	Result
Bishops score ≥ 8	67	34	Highly significant
Cervical dilatation ≥1cm/h	75	21	Highly significant
Augmentation with Pitocin	12	49	Highly significant
Uterine contractions moderate	69	13	Highly significant

Bishops score[5] is a pre induction score which is based on cervical position, consistency, dilatation /hour, effacement, station of presenting part and is assessed at labour onset. It is said to be favorable if >6.
No complications were observed during intra or postpartum period.

DISCUSSION

WHO defines[6] labour as normal if it is spontaneous in onset and at term, with vertex presentation, without undue prolongation, natural termination with minimal aids and without having any complication affecting the health of the mother or and of the fetus. According to Ayurveda Apana vayu[7] governs all the process of labour with the help of other vata type, Vyaan.
The normal sthaana[8] (seat) of Apana vayu is pelvic area and that of vaata dosha is pakvashaya (intestinal area infra umbilical area). The organs and structures that are involved during labour mechanism lie in the same vicinity of Aapan vayu. The normal direction of Apana is anuloma (downward direction) which is a must for a normal vaginal delivery. Additionally, 3P's[9] are important for a normal labour which also depend on prakrit(normal)Apaan vayu.
P: power of uterine contractions, which depends upon normal apana and vyaan vayu. They should be gradually increasing in frequency, duration and intensity and ultimately affect cervical dilatation and fetal descent.
P: passage through which fetal expulsion takes place which depends on local lubrication.
P: passenger the fetus. It should be in normal vertex position.
If Apana is vitiated it can cause abnormal presentations, preterm delivery and also obstructed and prolonged labour.

Probable action of Shatavari taila anuvasan basti

Anuvasan basti (enema of medicated oil) is said to be prime most treatment for vata dosha(vayu). It helps in maintaining equilibrium of vaata and thus prevents its vitiation.
Shatavari[10] is of madhura rasa (sweet), snighdha (oleation), slakshna(demulcent) properties which again enhances vata pacification. Thus Shatavari taila basti[11] caused generalized unoctousness, dhatu samya ,vata prashamana(pacification) and

also provided strength to the patients to undergo the stressful labour process and have an uncomplicated intra as well as postpartum period.It was observed that there were optimum uterine contractions and relaxation in trial group patients and no inertia or prolonged labour was noted.

Probable action of pichu (vaginal tampon)

Shatavari taila pichu[12] caused lubrication locally which accelerated fetal expulsion and cut short the second stage of labour.By its snighdhata(oleation) stretching capacity of perineum increased and thus prevented tear or lacerations.It was also noted that cervical dilatation ,effacement ,ripening of cervix was profound in trial group patients.

CONCLUSION

Thus from above study it can be concluded that Shatavari taila anuvasan basti and pichu are helpful in maintaining normal Apana gati as well as pacification of local and generalized vata shaman.Thus this antenatal treatment is effective in normal vaginal delivery with no complications.

REFERENCES

1. Vd.Ananta Damodar Athavale, Ashtanga Sangraha of Vaghbhatta with commentary of Indu, Sharirsthana3/1, Atreya Prakashana, Pune 1980,pg 279.
2. Hiralal Konar, D.C. Datta's Textbook of obstetrics,8th edition, chapter 37 Operative obstetrics, Jaypee Brother's Medical Publishers(P) Ltd., Reprint 2016, pg 669.
3. Yadavji Trikamji Acharya, Charak Samhita by Agnivesha revised by Charak and Dridhabala with commentary of Chakrapanidatta Ayurveda dipika Sharirsthana 8/32, Chaukhamba Sanskrit Sansthana, Varanasi Reprinted 1984,pg 346.
4. Pandit Parshuramshastri Vidyasagar, The Sharangadhar Samhita by Pandit Sharangadhar acharya with commentary of Ahamalla's Deepika and Kashiram's Gudharthadeepika madhyamakhanda, Snehakalpana 9/1,2,3, Chaukhamba Orientalia, Varanasi, Reprint 1983, pg 212.
5. Hiralal Konar, D.C.Datta's Textbook of obstetrics,8th edition, chapter 35 Induction of labour, Jaypee Brother's Medical Publishers(P) Ltd., Reprint 2016,pg 600.
6. Hiralal Konar, D.C.Datta's Textbook of obstetrics,8th edition, chapter 13 Normal labour, Jaypee Brother's Medical Publishers(P) Ltd., Reprint 2016, pg 134.
7. Yadavji Trikamji Acharya, Charak Samhita by Agnivesha revised by Charak and Dridhabala with commentary of Chakrapanidatta Ayurveda dipika Sharirsthana 6/24, Chaukhamba Sanskrit Sansthana, Varanasi Reprinted 1984,pg 335.
8. Dr.Anna Moreshwar Kunte, Harishastri Paradkar Vaidya, Ashtanga Hridayam of Vaghbhatta with commentary of Arundatta Sarvangasundar and Hemadri Ayurveda Rasayana, Sutrasthana 12/9, Chaukhamba Orientelia, Varanasi, pg 193.
9. Hiralal Konar, D.C.Datta's Textbook of obstetrics,8th edition, chapter 27 Prolonged ,obstructed labour dystocia caused by fetal anomalies, Jaypee Brother's Medical Publishers(P) Ltd., Reprint 2016,pg 463.
10. Dr.G.S.Pandey, Bhavaprakash Nighantu of Shri Bhavamishra with commentary of Dr.K.C. Chunekar, Guduchyadi varga 186-188,Chaukhamba Bharati Academy, Varanasi, Reprint 2002,pg 392.
11. Yadavji Trikamji Acharya, Sushruta Samhita of Sushruta with Nibandha Sangraha with commentary of Dhalanacharya, Sharirsthana 10/4, Chaukhamba Surbharati Prakashana, Varanasi, pg 303.
12. Yadavji Trikamji Acharya, Charak Samhita by Agnivesha revised by Charak and Dridhabala with commentary of Chakrapanidatta Ayurveda dipika Sharirsthana 8/32, Chaukhamba Sanskrit Sansthana, Varanasi Reprinted 1984, pg 346.

Cite this article as:

Ashwini Narayan Karandikar. A clinical study to evaluate the efficacy of Shatavari taila anuvasan basti and pichu in 9th month of pregnancy in normal labour. Int. J. Res. Ayurveda Pharm. 2017;8(4):33-35 http://dx.doi.org/10.7897/2277-4343.084211

Source of support: Nil, Conflict of interest: None Declared