



## Review Article

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### NORMAL LABOUR IN AYURVEDA: A REVIEW

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#### ABSTRACT

Birth is a natural process and not a medical procedure. The rates of cesarean deliveries have more than doubled in India, from 8% of deliveries in 2005 to 17% of deliveries in 2016. The incidence of labour induction has also increased due to failure of spontaneous onset of labour at term or to shorten the duration of labour according to the convenience of healthcare workers. This intervention affects the natural labour process and may be associated with an increased risk of complications. A safer way to facilitate the process of labour is therefore warranted. One of the aims of garbhini paricharya given in the third trimester is sukha prasava. For this aim, they have described giving the niruha basti in the 8th month by Acharya Sushruta and anuvasana basti & yoni pichhu in the 9th month by Acharya Charaka. They also mentioned the Prasava Paricharya ensure the normal process of labour. So that the complications caused during labour can be prevented by using the tools advised in Ayurveda Samhitas. This study aims to normal labour processing by using Ayurvedic tools given in Samhitas.

**Keywords:** Prasava, prasava paricharya, garbhini paricharya

#### INTRODUCTION

##### Prasava

Prasava means 'to get rid of/ release of/ free of garbha'<sup>1</sup>.

The process when the women expel a fetus is called prasava.

##### Prasava kala

According to Acharya Charaka and Kashyapa, the normal prasava kala is from the 1<sup>st</sup> day of the 9<sup>th</sup> month to the 10<sup>th</sup> month<sup>2</sup>.

Acharya Sushruta and Vagbhata opine the normal prasava kala from the 1<sup>st</sup> day of the 9<sup>th</sup> month to the 12<sup>th</sup> month.

Chakrapani states it as the 9<sup>th</sup> and 10<sup>th</sup> months.

##### Causes of prasava<sup>3</sup>

Sushruta has mentioned 5 causes of prasava parambh -

1. Nadi nibandha mukti - As a fruit detached from its stalk due to time factor comes down naturally, garbha got separated from its "nadinibandha" and proceeds for labour due to its specific nature. Here, the nadi word denotes sensory and motor nerve fibres and umbilical cord. Nibandha means the release of obstructions in their normal functions.
2. Swabhava - The cause of prasava is unknown; it occurs naturally.
3. Garbha vasa vairagya - Detachment of the umbilical cord (nadi nibandha mukti) causes anoxia in the fetus. This change in hormones occurs, and it initiates labour.
4. Garbha sampurnata - When garbha becomes fully mature, it gets ready to deliver, and initiation of labour occurs
5. Kala prakarsha - After the end of prasava kala, necessary changes occur to deliver a garbha at a specific time. As conjugation becomes free, estrogen gets inactivated and sensitises myometrium for the action of oxytocin and helps in myometrial stimulation. Actinomycin also gets optimum

deposition and starts contractions of myometrial fibres. And uterus attains its maximum distention and starts contracting. All these happen after a specified time only. Therefore, Acharyas mentioned kala prakarsha as one of the reasons.

##### Role of vata in prasava<sup>4</sup>

The function of vata is garbha-nishkramana, as described by Charaka. Mainly the apana vayu helps in prasava, and it is called "prasutamaruta" by Acharya Charaka, which allows for intrauterine movements of the fetus and expulsion through the vaginal passage. Prasuta maruta functions in sukha prasava with association with vyana vayu. The word parivrutya denotes the internal rotation of the fetus, which is done by vyana vata.

As shown in the above tables, vyana vata are upward, downward, oblique movements, so vyana vata helps in the descent and nine fetus movements in utero. The contractions and expansion function of vyana vata allows contract and dilatation of uterine muscles during prasava. Apana vayu helps eliminate vata and garbha (fetus) during prasava. Therefore, the role of prakrita vata during labour is essential.

As per trimester wise, in the III trimester, there is vata predominant. Apana vayu is responsible for normal labour. So, to maintain the normal state of vata, management is given during garbhini paricharya in the 8<sup>th</sup> and 9<sup>th</sup> months. Basti in the 8<sup>th</sup> and 9<sup>th</sup> months of Garbhini paricharya will facilitate the normal labour by ensueing the prakrita vata in the body. Variation in apana vayu causes difficulty in the descent of the fetus and obstruction in the expulsion of the fetus, the term called mudha garbha. Therefore, garbhini should follow the garbhini paricharya to facilitate the Normal labour (Sukha prasava).

**Table 1: Functions of apana vayu**

	Charaka Samhita <sup>5</sup>	Sushruta Samhita <sup>6</sup>	Ashtanga Hridaya <sup>7</sup>	Ashtanga Sangraha
Sthan	Vrushan (testicles), basti (urinary bladder), medhra (penis), nabhi (umbilicus), uru (thighs), vankshana (inguinal region), guda (anus)	Pakvadhana (large intestine)	Apana desha (perineal region) and transverse along Shroni, basti, medhra, uru	The rectum moves along the urinary bladder, pelvis, scrotum, and groin.
Karma	Shukra nishkraman, artava nishkramana, shakrita nishkraman, mutra nishkraman, garbha nishkramana	Elimination of samirana, shakrita, mutra, shukra, garbha, artava	Shukra nishkraman, artava nishkramana, shakrita nishkraman, mutra nishkraman, garbha nishkramana	Elimination of samirana, shakrita, mutra, shukra, garbha, artava

**Table 2: Functions of Vyana vayu**

	Charaka Samhita <sup>8</sup>	Sushruta Samhita <sup>9</sup>	Ashtanga Hridaya <sup>10</sup>	Ashtanga sangraha <sup>11</sup>
Sthan	All over body	Occupies all over the body and helps in the circulation of rasa throughout the body	Located in hridaya and travels along the whole body	Situated in the heart moves all over in body with great speed
Karma	Responsible for gait, flexion, extension, etc.	Responsible for sweating, blood circulation, and five types of movements like expansion, contraction, upward, downward, oblique movement, blinking and opening of eyelids	All motor functions of the body, such as mahajava (rapid movement), avakshepana (flexion), utkshepana (extension), unmesha and nimesha	Responsible for movements, expansion, contraction, upward, downward trend, closing and opening of eyelids yawning, feeling the taste of food, clearing the flow of sweat and blood, bringing the male reproductive tissue into the uterus, separating the nutrient portion and waste portion of the food after digestion, and supplying nourishment to all dhatus

**Table 3: Prasava Avastha**

Avastha	Charaka (prajanana) <sup>12</sup>	Sushruta: 3 avastha <sup>13</sup>	Ashtanga Hridaya: 2 avastha <sup>14</sup>	Ashtanga Sangraha: 2 avastha <sup>15</sup>
1)	Charaka has not mentioned any avastha	Prajayini	Aadya prasava	Aasanna prasava
2)		Upasthita prasava	Upasthita prasava	Parivartita garbha
3)		Prajanayishmana		

#### According to Charaka

Clinical features of prasava avastha (prajanana)-

- Klama gatanam (feels exhausted)
- Glanirmanasya (languid)
- Akshno shaithilya (eyes becomes lax)
- Vimukta bandhanam (feeling lightness)
- Vakshasah kuksheravastransanam
- Adhogurutvam (heaviness in the lower abdomen)
- Vankshan basti kati kukshi parshwapeushtha nistoda (pain in the lower abdomen)
- Yoni prastravanam (discharge per vaginum)
- Ananna abhilasha (anorexia)
- Anantar aavi pradurbhava (labour pain)
- Praseka garbhodaka (liquor amnii)

#### Clinical features of Parivartita garbha<sup>16</sup>

When the fetus descends further, it leaves the cardiac region and shifts to the lower abdomen. It feels lightness in the heart region and puts pressure over the basti-shiro (neck of the urinary bladder), and the frequency and duration of labour pain increase. Bhela included the symptoms of discharge per vaginum in clinical features of parivartita garbha.

Acharya Charaka has mentioned management for aasanna prasava and clinical features of aparapatana and its control if it gets obstructed (apara sang)

#### According to Sushruta - 3 avastha

1. Prajayini
2. Upasthita prasava
3. Prajanayishmana

#### Clinical features of prajayini

- Kukshi shithilata (laxity in flanks and abdomen)
- Hrudbandhan mukti (lightness in the heart region)
- Jaghan shool (pain in thighs)

#### Clinical features of upasthita prasava

- Katiprushta pratisantata vedana (pain in back, low back)
- Purish pravrutti (urge to defecate)
- Mutranprasichchate (urge to micturate)
- Yonimukh shleshma (p/v discharge)

#### Prajanayishmana

- Punnamaphala hasta
- Abhyanga
- Ushnodaka parisheka
- Yavagu aakanthpana
- Sthitamabhugnasakthi uttanshayana
- 4 Paricharika – ashankaniya, parinaya vaya, prajanana kushala, kartitanakha

#### According to Ashtanga Hridaya:2 avastha

1. Aadyaprasava
2. Upasthita prasava

#### Clinical features of aadyaprasava

- Glani kukshi akshi shlathata klama (tiredness, lax eyes, laxity in abdomen, languidness)
- Adho guruta (heaviness below the umbilicus)
- Aruchi (anorexia)
- Praseko bahu mutrata (frequency of micturition)
- Yonirujasphuranastravana (pain in vagina, discharge from vagina)
- Garbhodaka sruti (vaginal discharge)

#### Upasthita prasava

- Hastastha punnam phalam
- Abhyanga with vatanashaka taila

#### According to Ashtanga Sangraha: 2 avastha

1. Aasanna prasava
2. Parivartita garbha<sup>17</sup>

#### Clinical features of aasanna prasava

- Klama (feels exhausted)
- Glani (languid)
- mukta bandhanam
- nishthivika (spitting repeatedly)
- mutra purisha bahulya (increased frequency of micturition and defecation)
- Ivakshini (protruded eyes)
- shithila kukshita (lax abdomen)
- Adhogurutvam (heaviness in the lower abdomen)
- Ananna abhilasha (anorexia)
- Vedano udar hriday kati basti vankshan (pain in abdomen, chest, low back, bladder, sacral region)
- Yoni tod bheda shul sphurana stravan (tearing pain in the vagina)
- Anantar aavi pradurbhava (onset of labour pain)
- Garbhodaka pravahashcha (leakage of liquor amnii)

#### Clinical features of parivartita garbha

Acharya Vagbhata explains parivartita garbha, the same as Charaka.

#### According to Bhava prakash: 2 avastha

1. Prasavotsuka
2. Aasanna prasava

#### Clinical features of prasavotsuka

Bhava prakash explains the features of 1<sup>st</sup> stage, same as Sushruta. The only difference is they named it prasavotsuka.

#### Clinical features of Aasanna Prasava

- Kati prushtha tu savyatam (pain in sacral region, back)
- Muhu hu pravruttsich mutrasya malasya (frequency of micturition and defecation)

Acharya Charaka has not mentioned the avastha, but we can differentiate it into three avastha. He has given symptoms at the starting can be considered pratham avastha. Next, he was treated for obstructed labour if there was a delay in normal prasava. Afterwards, he mentioned the aparapatan and aparasang chikitsa, i.e., the stage of placenta separation. So, we can differentiate it into three stages.

#### EFFECT OF AAVI ON PRASAVA<sup>18</sup>

Acharya Kashyap mentions the word Grahishool. The word Grahi means which is seized or hold and shool means pain. The obstructed or grabbing like pain called aavi is caused in labour.

For the expulsion of the fetus, power is required, and this power is provided by aavi. Aavi is considered normal uterine contractions, and grahi is viewed as a contraction of abdominal muscles. And women having aavi is likely to be ready to deliver the fetus.

Three critical factors are responsible for the expected uncomplicated full-term delivery of a fetus. These are power/force (cervical dilatation and uterine contractions), passage (cervix to vaginal passage), and passenger (position of fetus). The power mentioned here is aavi, i.e., grahishool. The power or force does cervical dilatation and uterine contractions, which prepare the passage for delivery by retracting the upper segment and dilating the lower part and effacement and dilatation of the cervix so that easy descent of the fetus can occur.

Aavi can be mild, moderate, or robust, depending upon its intensity. It varies in frequency concerning time in different stages of labour. It is gentle at the onset of labour, and then it starts increasing in duration, frequency, and intensity as the stages of labour proceeds. Ineffective or delayed in aavi causes fetal and maternal distress and complicates the labour.

#### SANGRAHANIYA PADARTH IN SUTIKA GRIHA<sup>19</sup>

Sarpi and madhu (for suvarnaprashana in the fetus), taila (vatahara property so used in various obstetrics emergencies ) 5 types of lavan (use along with ghrita for ulba parimarjana), vidanga, kushtha, devadaru, nagar, pippali, pippalimula, hasti pippali, mandukparni, langli, vacha, chitraka, chirbilwa, chavya, hingu, sarshapa, lashun, katak (arrest bleeding), atasi (anti-inflammatory), bhurjapatra (haemostatic, effective in convulsions) kulattha, sura-aasava-maireya, musli, ulukhala, khara, vrushabha, ardhadhara shatra (for cutting the umbilical cord), kshauma sutra (for ligation of the umbilical cord), needles (for suturing), vilva (wooden cot having antifungal property), tinduka and ingudi (used as firewood for fumigation), paricharika, brahmana, jala, gau (as a symbol of dignity, strength) two stones (used as stimulation of auditory reflex for prana pratyagamana of the baby).

All these drugs have various properties that have importance in managing labour, managing neonates, managing sutika upadravas, and managing sutika. Therefore, all these drugs act as emergency drugs in sutikagara.

#### TIME OF ENTERING THE PRASUTI GRUHA

At the beginning of the 9<sup>th</sup> month of pregnancy, on a predetermined auspicious day, maitra muhurta, women should enter the Sutika gruha followed by gau, brahmana, agni, jala workshop<sup>20</sup>.

Acharya Vagbhata mentioned the time same as Charaka.

Acharya Sushruta mentioned entry in the 9<sup>th</sup> month in prashasta tithi<sup>21</sup>.

#### Prasava Paricharya<sup>22</sup>

- Aavipradurbhava tu bhumo shayanai (with the onset of labour, made her sit or lie down on the ground or bed)
- She should be surrounded by friendly, experienced females who will counsel her about the labour.
- Acharya Sushruta said that the women who have recited auspicious hymns for her welfare and prosperity, ready to deliver, should be encircled by kumaras and hold fruit bearing a masculine name. She should be given a massage with oil

and a bath with lukewarm water, making her drink suitable liquids that will provide her good strength<sup>23</sup>.

- Acharya Vagbhata has described the same as Sushruta except for the presence of kumaras. He has specified the hymn as “kautuka mangala”<sup>24</sup>. He repeatedly advised us to inhale powdered kushtha, ela, langli, vacha, chavya, chitraka, and chirbilwa, the same as Charaka.
- When the woman has symptoms of aasanna prasava (good uterine contractions) but does not deliver the baby at the right time, it is called anaagat prasava.
- To relieve the anaagat prasava, Charaka explains that the management asked the woman to get up and hold the pestles like heavy things, strike the paddy filled in mortar, yawning repeatedly, and walk-in between. Inhalation of powdered kushtha, ela, langli, chavya, vacha, chitraka, chirbilwa, bhurjapatra or shimshipa should be given.
- An experienced midwife should instruct garbhini not to bear down in the absence of labour pain as this will only exhaust her energy without any labour progress. Instead, it is liable to cause abnormalities in the fetus.
- Exercise sneezing, yawning, flatus, urine, and faeces in the presence of urge only. If she suppresses these urges is harmful. Therefore, garbhini must bear down only in the company of aavi.
- After the expulsion of the fetus, observe if the placenta is expelled. If it is not followed, measures should be followed- the suprapubic region, hips, and buttocks should be pressed downward. The throat and palate should be irritated with the patient’s hair.
- Yoni dhoopan with bhurjapatra, kacamachi and slough of black sarpa.
- Kwath of balwaja, kulattha, mandukparni, pippali and kalka of kushtha, talisa should be given.
- Yonipichhu and anuvasana basti with oil processed with shatpushpa, kushtha, madana, hingu.
- Asthapana basti with balwaja kwatha mixed with kalka of phala, jimuta, ikshwaku, dhamargawa, kutaja, kritvedhana, hastipippali.
- Acharya Sushruta has mentioned the same management as described by Charaka.
- He has given the management after the descent of labour. He advised giving massage over genitalia in the direction of hairs.
- If the placenta is not expelled over a time, he has mentioned the treatment as follows-
  - Throat should be tickled with fingers wrapped with hair.
  - Yoni dhoopana with katuki, alabu, kritvedhana, sarshapa, a slew of black snake Siddha katu taila.
  - Lepa of langli mula kalka over limbs.
  - Lepa of snuhi kshir over the forehead.
  - Anuvasana basti with shweta sarshapa, kushtha, langli, snuhi mixed with sura manda.
  - Uttarbasti with taila processed with the drugs mentioned for asthapana basti.
- When all measures are not willing to expel the placenta, the anointed hand is used to remove the placenta.

## Garbhini paricharya

Table 4: Garbhini paricharya according to various acharyas.

Name of the Acharya	Garbhini paricharya in 8 <sup>th</sup> month	Garbhini paricharya in 9 <sup>th</sup> month
Charaka <sup>25</sup>	Rice gruel prepared with dugdha and ghee	<ul style="list-style-type: none"> <li>• Anuvasana basti with taila prepared with madhura gana dravya</li> <li>• Yoni pichhu of same taila</li> </ul>
Sushruta <sup>26</sup>	<ul style="list-style-type: none"> <li>• Asthapana basti with a decoction of badar mixed with bala, atibala, shatpusha, patala, dugdha, dadhi, masti, taila, lavan, madanphala, madhu and ghee for clearing the retained faeces and anulomana of vayu</li> <li>• Followed by anuvasana basti with oil medicated with dugdha and decoction of madhura varga dravya</li> <li>• Followed by snigdha yavagu, mansa rasa of wild animals.</li> <li>• Basti facilitated the anulomana of vayu in the right direction. The lady delivers a baby without difficulty (Sukhprasava) and remains free from complications.</li> <li>• Snigdha dravya strengthens the body and facilitates sukha prasava and anupa drava.</li> </ul>	
Ashtanga Sangraha <sup>27</sup>	<ul style="list-style-type: none"> <li>• Kshir yavagu (rice gruel processed with milk) mixed with ghee.</li> <li>• Asthapana basti with badar, masa, dugdha, taila, lavan, madanphala, ghee and honey.</li> <li>• Anuvasana basti with madhura dravya aushadhi like madhuka, etc.</li> <li>• Yavagu with jangala mamsa, mamsa rasa</li> </ul>	Yoni pichhu with Madhur aushadhi siddha taila.
Harita <sup>28</sup>	Ghritapuraka	(vividha anna) Different types of cereals can be used
Bhela	—	<ul style="list-style-type: none"> <li>• Anuvasana basti with kadamba, masha oil.</li> <li>• It does the downward movement of faeces and vayu, which ensures expected delivery</li> <li>• After basti rice gruel</li> </ul>
Ashtanga Hrudaya <sup>29</sup>	<ul style="list-style-type: none"> <li>• Liquid diet prepared with ghee and milk</li> <li>• Anuvasana basti with madhur dravya aushadhi siddha ghrit.</li> <li>• Niruha basti with muli, badar, amla dravya mixed with shatpushpa kalka, ghrita, taila and saindhav.</li> </ul>	<ul style="list-style-type: none"> <li>• Mamsa rasa with sneha, rice gruel with fat.</li> <li>• Anuvasana basti with taila as given in the 8<sup>th</sup> month.</li> <li>• Yoni pichhu with same oil.</li> <li>• If women are with ruksha prakriti anuvasana basti should be given only after snehapana.</li> </ul>

Table 5: Dravya used in garbhini paricharya

Dravya	Botanical name	Guna	Karma
Badar	<i>Ziziphus jujuba</i>	Snigdha, guru, vata pitta nashak	Vatanulomana, malabhedana
Madanphala	<i>Randia dumetorum</i>	Madhur, tikta rasa, ushnavirya, laghu	Lekhana, dwimarga vamanakaraka
Bala	<i>Sida cordifolia</i>	Madhur, sheet veerya, snigdha	Balya, vryshya, vatapitta hara,
Atibala	<i>Abutilon indicum</i>	Same as bala	Vatahara, beej snehana, mruduvirechaka, vedanahara
Langli	<i>Gloriosa superba</i>	Katu, ushna, deepana	Vamak, rechaka, garbhaghatak
Vacha	<i>Acorus calamus</i>	Deepana, pachana	Vatanulomaka
Chitraka	<i>Plumbago zeylanica</i>	Katu, ushna, laghu, ruksha, tikshna	Garbhashaya sankochaka, garbha stravakar
Chavya	<i>Piper retrofractum</i>	Pachaka	Vatahara, garbha uttejaka
Bhurjapatra	<i>Betula utilis</i>	Stambhana	Garbha uttejaka, Vatanulomaka, graham dosha nashaka
Chirbilva	<i>Holoptelea integrifolia</i>	Tikhta, kashaya, ushna, laghu, ruksha	Anulomana, bhedana
Ela	<i>Elettaria cardamomum</i>	Katu, madhur, sheeta, laghu, snigdha, sukshma	Vataghna
Shatpushpa	<i>Anethum sowa</i>	Katu, ushna, laghu, ruksha, tikshna	Vatanulomana, vedanasthapana
Kushtha	<i>Saussurea lappa</i>	Tikhta, katu, ushna, laghu, tikshna, snigdha	Garbhauttejaka
Amla varga dravya	Dhatri, amlika, matulunga, amlavetasa, dadima, etc.	Amla vipaka, ushna veerya	Vatashamaka, srushtamalmutravata
Madhura varga dravya	Ghrita, guda, shatavari, madhuka, vidari, etc.	Madhura vipaka, sheeta veerya, snigdha, guru	Bruhana, vatpittashamaka, srushtamalmutravata

### IMPORTANCE OF PRASAVA PARICHARYA

The exercises mentioned, like sneezing, walking, etc., help the fetus's descent downwards and facilitate the sukha prasava. The karmas said, like dhoopana, lepana works as antibacterial and antifungal to prevent any infections and complications. The drugs used for lepana and dhoopana have properties like garbha uttejaka, anulomaka, and garbha sankochaka, which help dilate the cervix and contractions uterus easy delivery of the fetus. The measures mentioned in prasava paricharya like anuvassana basti, niruha basti, and uttarbasti help expel the placenta and prevent delay in the 3<sup>rd</sup> stage of labour i.e., the expulsion of the placenta.

Hence the measures given in prasava paricharya help in sukha prasava and prevent the complications of prasava. The Acharya has mentioned the standard action to be followed during prasava and the management of complications caused during prasava like mudhagarbha chikitsa.

### IMPORTANCE OF GARBHINI PARICHARYA

In the 3<sup>rd</sup>-trimester, vata dosha is predominant; therefore, vatashamaka, vatanulomaka, balya, bruhana, snigdha drugs and diet is mentioned. In this trimester, fetal weight weighs over the urinary bladder and compresses the intestine causing obstructions and constipation. It also obstructs vata and due to pratiloma of vata causes udavarta like symptoms. To prevent these complications and ensue the sukha prasava, vatanulomana is very important, and therefore the drugs used are of vatanulomaka property.

In the 8<sup>th</sup> month of pregnancy, niruha basti is mentioned by the Acharya Sushruta for vatanulomana to attain the prakrita state of vata dosha. Due to this, women deliver without any complications.

In the 9<sup>th</sup> month of pregnancy, anuvassana basti and yoni pichhu is mentioned by Acharya Charaka. Yonipichhu helps soften the vaginal passage, facilitate relaxation during labour, and prevents a perineal tear. Anuvassana basti helps in anulomana of vata and garbha nishkramana with ease i.e., sukha prasava.

The drugs given for asthapana basti are vatashamaka, vatanulomaka, garbha uttejaka, garbha nishkramana, garbhashaya sankochaka, mala-mutra anulomaka. As we know,

vata dosha is responsible for the formation of passage, to get it ready for the expulsion of the fetus, it is responsible for dilatation and contractions of the uterus, for intrauterine movements and descent of the fetus from the uterus to the outer world. Therefore, by following this, garbhini restored all the functions of vayu, and she delivered a healthy progeny at term.<sup>30</sup>

### CONCLUSION

This review suggests that garbhini paricharya in the third trimester positively affects the labour phenomenon by analysing the above available data. It promotes expected vaginal delivery with minimum aid.

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