Case Series

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EFFECT OF DASMOOL KWATH ASTHAPAN BASTI AND KEBUKA TAILA YONI PICHU IN SUKHAPRASAVA: A CASE SERIES

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ABSTRACT

Labour is a natural physiological process, but it can involve intense pain and deviations due to anatomical, physiological, or unidentified factors. These variations can lead to abnormal labour presentations. When labour is induced with oxytocin or prostaglandins, cervical dystocia may occur, intensifying uterine inertia. In Ayurveda, detailed guidelines for Prasava Paricharya (childbirth care) exist, emphasizing smoother, less painful labour (Sukhprasava). Acharyas recommend a specific regimen during the ninth month of pregnancy (Navama Masa Garbhini Paricharya) to facilitate an easy delivery. Basti (enema therapy) is used to balance Vata and soften the areas around the abdomen, waist, and sides. Yoni Pichu (vaginal tampon soaked in medicinal oils) is also used to promote proper cervical effacement and ripening, helping to ease the labour process. Aim and Objective: To ensure a normal vaginal delivery without complications and to evaluate the effectiveness of Ayurvedic treatment methods in facilitating Sukhaprasava. Methodology: Dasamool kwath asthapan basti along with kebuka taila yoni pichu after the onset of labour. Results: Reduction in duration and intensity of pain during labour. Conclusion: Dasamoola Kashaya Asthapan basti and Yoni pichu with kebuka taila was effective in progress of labour without complications.

Keywords: Sukhaprasava, Asthapan Basti, Yoni Pichu, Dashmool Kwath, Kebuka taila.

INTRODUCTION

Sukhaprasava refers to the notion of "easy or painless delivery" during childbirth. The term is derived from Sanskrit, where "sukha" means "ease" or "comfort" and "prasava" means "childbirth" or "labour." In Ayurvedic and traditional practices, ensuring a smooth and uncomplicated labour process has been a central focus, with various therapies and lifestyle recommendations aimed at preparing the mother physically, mentally, and emotionally for childbirth. Acharyas have detailed practices like Masanumasika Garbhini Paricharya (monthly prenatal care) and Prasava Paricharya (labour care) are helpful to the pregnant women to pass through the labour process safely. These practices aim to reduce the risk of complications and support, natural delivery of the baby. The term "Prasava" is derived from 'shuyan prani prasave' by prefixing "Pra" and applying Panini sutra "Ridrop". The term Prakrit Prasava refers to Svabhavika (spontaneous onset), Upasthita kala (onset of completion of term), Avaksira (cephalic presentation), Svabhavika kala (without undue prolongation) and Upadravarahita (without having any complications). Garbha nishkramana kriya is a process of normal labour which occurs by the action of Apana vayu. Dasmoola[1] primarily works on the Vata Dosha, pacifying its aggravation and acts as Tridoshahara, Anulomana, Amapachana and Shothahara. Yoni Pichu (vaginal tampon) brings out proper effacement and ripening of the cervix. Thus, labour duration can be minimized.

Aims and Objectives

- To attain an easy, comfortable childbirth within the expected timeframe and without any complications.
- To know the efficacy of Dasamoola kawath asthapan basti and Kebuka taila yoni pichu.

MATERIALS AND METHODS

Primigravida and Multigravida participants who fulfill the inclusion criteria were selected from OPD & IPD department of Prasuti tantra and stree roga, National Institute of Ayurveda Jaipur Rajasthan, India.

Selection of Drug

Acharya Charaka mentioned use of Yoni Pichu (vaginal tampon) with drugs of madhura gana in 9th month of pregnancy. Acharya Sushruta advised Asthapana and Anuvasana basti during 8th and 9th month of pregnancy.

Inclusion Criteria

1.Pregnant women who completed 37 weeks of gestational age with sign of onset of labour and before 40 weeks with known LMP in cephalic presentation.
2.Pregnant woman of height more than 150 cm.
3.Age between 21 to 35 years.
4.Hemoglobin 10 gm % or more.

Exclusion Criteria

1.Parturient gravid women having cephalo-pelvic disproportion, malpresentation, malposition, history of antepartum haemorrhage, bad obstetrics history, multiple pregnancy, precious pregnancy or having any absolute indication for cesarean section.
2.Parturient gravid women having systemic disease like diabetes mellitus, tuberculosis, heart disease, chronic renal disease.
3.Parturient women suffering with disease related to pregnancy like preeclampsia, eclampsia, polyhydramnios, oligohydramnios, intra uterine growth restriction, gestational diabetes, pregnancy induced hypertension, premature rupture of membrane etc.
4.Previous cesarean delivery within 5 years.

5.Pregnancy with benign or malignant tumors, ovarian cyst, uterine or cervical fibroid.
6.VDRL, HIV, HBsAg positive pregnant woman.

Study Design
Participants who meet the eligibility criteria are chosen, and the treatment methods are implemented:
Dasmoola Kwath Asthapana Basti 500ml were administered per rectally in Nyubja Avastha (knee elbow position) only one time after the onset of labour followed by a vaginal tampon (yoni pichu) soaked in Kebuka oil is inserted and left in place for 2 hours. Additional pichu applications (3 or more) are given based on the patient's condition.

Contents of Asthapana Basti
1.Madhu - 60gm
2.Saindhava lavana - 2gm
3.Eranda taila - 60ml
4.Shatpushpa kalka - 5gm
5.Dasamoola kwatha - 500ml

Table 1: Ingredients of Dasamoola Kwatha

Drug	Rasa	Guna	Veerya	Vipaka	Doshagnata and Karmaghnata
Bilwa[2]	Kashaya, Madhura, Tikta	Laghu, Ruksha	Ushna	Katu	Kaphavata shamaka, Grahi, Agnivardhaka, Vatavyadhi
Agnimantha[3]	Kashaya, Katu, Tikta	Laghu, Ruksha	Ushna	Katu	Kaphavata shamaka, Anuloman, Vedanasth-apana, Sterol Produces prostaglandin
Shyonaka[4]	Kashaya, Tikta	Laghu, Ruksha	Sheeta	Katu	Kaphapittashamaka, Vedanasthapana
Patala[5]	Kashaya, Madhura, Katu, Tikta	Laghu, Ruksha	Ushna	Katu	Tridoshahara, Vedanasthapana
Gambhari[6]	Kashaya, Madhura, Amla	Guru, Snigdha, Sara	Sheeta	Madhura	Vatapittahara, Vedanasthapana, Balya, Snehana
Shalaparni[7]	Madhura, Tikta	Guru	Ushna	Madhura	Tridoshahara, Snehana
Prishniparni[8]	Madhura, Tikta	Snigdha, Laghu	Ushna	Madhura	Tridoshahra, Deepana, Snehana
Brihati[9]	Tikta, Katu	Laghu	Ushna	Katu	Kaphavatahara, Grahi
Kantakari[10]	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Shothahara, Vedanasthapana
Gokshura[11]	Madhura	Guru, Snigdha	Sheeta	Madhura	Vatahara, Anulomana, Balya, Vatashamaka

Preparation of Dasamoola Kwatha
According to Sharangdhara Samhita decoction for Basti was prepared using 125 grams of Dasamoola kwatha churna. Two liter (2000 ml) of water was added, and it was boiled down until 500 ml remained.

Preparation and Route of Administration of Asthapana Basti
First, madhu (honey) and saindhava (rock salt) were mixed in a mortar until a uniform blend was formed. Erand Taila (oil) was then added to the mixture, ensuring a consistent texture. Next, Shatpushpa Kalka (paste of Shatpushpa) was incorporated and thoroughly mixed, followed by the addition of Dasamoola Kwatha (decoction of Dasamoola). The mixture was stirred meticulously until it became smooth and consistent. Afterward, the blend was filtered using a fine sieve, resulting in a homogeneous solution. This lukewarm mixture of 500 ml was administered rectally in the nyubja avastha (knee elbow position) using an enema can.

Assessment Criteria
- Duration of stages of labor
- Bishop's Score
- APGAR Score

Bishops Score
Bishops score 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. [12]

Table 2: Bishops Score

Factors	0	1	2	3
Cervical Dilatation	Closed	1-2	3-4	5+
Length of Cervix (cm)	>4	2-4	1-2	<1
Consistency	Firm	Medium	Soft	-
Position	Posterior	Midline	Anterior	-
Head Station	-3	-2	-1 or 0	+1 or +2

Total score = 13, Favourable score = 6-13, Unfavourable score = 0-5

Table 3: APGAR Score

Sign	0	1	2
Activity (Muscle tone)	Flaccid	Flexion of extremities	Active body movements
Pulse	Absent	Below 100	Over 100
Grimace (Reflex irritability)	No response	Grimace	Cough or sneeze
Appearance (Skin colour)	Blue ,Pale	Body pink ,extremities blue	Complete pink
Respiration	Apnoeic	Slow, irregular	Good

Total Score = 10, No depression = 7-10, Mild depression = 4-6, Severe depression = 0-3

OBSERVATION

Table 4: Case Details

Case	GPLAD and POG	Chief complain	Per abdominal examination	Per vaginal examination	Investigations	Procedure
Case No. 1	G2P1L1A0 38 weeks 1 day	Patient came at 1:45pm on 28/9/24 with complaint of Pain in lower abdomen since morning	**Inspection -**Striae gravidarun present **Palpation –**Lie: Longitudinal Fundal height: -uterus term size Presentation: cephalic Head: fixed **Auscultation-** FHS present, Regular, 146bpm **Contraction in 10 minutes at 2:00pm** **Frequency** – 3 **Duration** – 1st -30sec 2nd -35sec, 3rd -30sec Intensity - good Interval - regular	At 2:00 pm Inspection: Vulva healthy Pelvis: adequate Cervical Dilatation: 3-4cm Effacement: 50% Station – (-1) Bag of membrane: Present Show : Present	**Hb -**12.09g/dl **USG 21/09/24** Single Live Fetus of 37 weeks, placenta upper right lateral grade III. liquor adequate, Amniotic fluid index 10cm Estimated fetal weight 3283gm	Asthapan Basti given at 2:30pm followed by yoni pichu with kebuka taila
Case No. 2	G2P0L0A1 39 weeks 4 days	Patient came at 6:00am on 25/9/24 with complaint of Pain in lower abdomen since yesterday evening	**Inspection -**Striae gravidarun present **Palpation –**Lie: Longitudinal Fundal height: -uterus term size Presentation: cephalic Head: Engaged **Auscultation-** FHS present, Regular, 148bpm **Contraction in 10 minutes at 6:30am** **Frequency** – 2 **Duration** – 1st -25sec 2nd -30sec Intensity - good Interval - regular	At 6:30 am Inspection: Vulva healthy Pelvis: adequate Cervical Dilatation: 3cm Effacement: 40-50% Station – (-2) Bag of membrane: Present Show : Present	**Hb** -10.2g/dl **USG 13/9/24** Single Live Fetus of 37 weeks, placenta fundal left lateral Grade III. liquor adequate, Amniotic fluid index 13cm Estimated fetal weight 2900gm	Asthapan Basti given at 9:00am followed by yoni pichu with kebuka taila
Case No. 3	G2P1L1A0 37 weeks 2 days	Patient came at 3:00am on 28/9/24 with complaint of Pain in abdomen since midnight	**Inspection -**Striae gravidarun present **Palpation –**Lie: Longitudinal Fundal height: -uterus term size Presentation: Vertex Head: Engaged **Auscultation-** FHS present, Regular, 148bpm **Contraction at 3:30am** **Frequency** – 2 **Duration** – 1st -15sec 2nd -20sec Intensity - mild Interval - regular	At 3:30 am Inspection: Vulva healthy Pelvis: adequate Cervical Dilatation: 4cm Effacement:10-20% Station – (-2) Bag of membrane: Present Show : Present	**Hb** -10.7g/dl **USG 11/09/24** Single live fetus of 35 weeks 1 cord loop seen around neck, placenta post. upper grade III, liquor adequate, Amniotic fluid index -13cm, Estimated fetal weight 2729gm	Asthapan Basti given at 8:00am followed by yoni pichu with kebuka taila

BISHOP'S Score

Table 5: Case 1

Factors	2:00pm	3:00pm	5:30pm
Cervical dilatation	3-4cm	5cm	10cm
Length of cervix (cm)	40-50%	50-60%	100%
Consistency	Soft	Soft	Soft
Position	Midline	Anterior	Anterior
Head station	-1	-1	+2

Table 6: Case 2

Factors	6:30am	8:00am	10:00am	11:00am
Cervical dilatation	3cm	4cm	7cm	10cm
Length of cervix (cm)	40-50%	50-60%	80%	100%
Consistency	Soft	Soft	Soft	Soft
Position	Midline	Midline	Anterior	Anterior
Head station	-2	-2	0	+1

Table 7: Case 3

Factors	3:30am	9:00am	11:00am	12:00pm
Cervical dilatation	3cm	5cm	6cm	10cm
Length of cervix (cm)	10-20%	40%	70%	100%
Consistency	Soft	Soft	Soft	Soft
Position	Midline	Anterior	Anterior	Anterior
Head station	-2	-2	0	+2

Table 8: Duration of Stages of Labour

Case	First Stage of Labour	Second Stage of Labour	Third Stage of Labour
Case 1	3:30hrs	30min	5min
Case 2	4:30hrs	20min	5min
Case 3	8hrs	20min	5min

Table 9: Result and Observation of Fetal Well Being

Case	Mode of delivery	Baby details	APGAR score
Case 1	FTNVD with RMLE	Sex: male child Weight: 3100gms Time: 6.04pm	1min -8/10 5min -9/10 10min-10/10
Case 2	FTNVD with RMLE	Sex: female child Weight: 2700gms Time: 11.19am	1min -7/10 5min -9/10 10min-10/10
Case 3	FTNVD without RMLE	Sex: female child Weight: 2900gms Time: 12.21pm	1min -8/10 5min -9/10 10min-10/10

Mode of Action of Dasamoola Kwatha

Dasamoola Kashaya, characterized by katu rasa (pungent taste), katu vipaka (pungent after digestion), laghu (light), ruksha (dry) guna, and ushna veerya (hot potency), is known for balancing the tridoshahara. It possesses anti-inflammatory, antioxidant, and analgesic properties, making it particularly effective in pacifying Vata dosha and addressing all types of Vata related disorders (Vatavyadhi).

Pharmacologically, Dasamoola contains active compounds like aegeline, extracts from the aerial parts (chloroform), root bark (aqueous), and stem bark (ethanol and methanol). These components work by inhibiting the synthesis of prostaglandins and other inflammatory mediators, while also suppressing the activation of pro-inflammatory cytokines. Additionally, it blocks pain-inducing substances such as histamine and serotonin, and inhibits the cyclooxygenase (COX) pathway. The alkaloids in Dasamoola influence the hypothalamic-pituitary-ovarian (HPO) axis, promoting myometrial uterine contractions.[13]

Mode of Action of Kebuka Taila Yonipichu

Kebuka (*Costus speciosus* Koen. ex retz.sm), hence tikta, kashaya in rasa and laghu, ruksha in guna, it aggravates Vata and acts through its Garbhashaya Sankochaka Karma[14]. The rhizome of Kebuka is found to have diosgenin, costusosides, saponins-dioscin, gracilin and beta-sitosterol-beta-D-glucoside Diosgenin starch is hygroscopic in nature due to which it absorbs water and soften the cervix Diosgenin also has estrogenic activity. The rhizome extract of Kebuka is found to induce significant amount of uterine contraction[15]. Kebuka possess Garbhapatana i.e. abortifacient property which works via anti-progestational activity and uterine stimulant activity. while ß-sitosterol, another component of the plant, has previously been reported to stimulate the uterus significantly enhancing spontaneous force as well as frequency and amplitudes of contractions via Ca-calmodulin-MLCK pathway as well as via SB Ca release. Flavonoids in the plant show estrogenic and abortifacient activity. (Nayak *et al*., 2014)

DISCUSSION

Labour, the initial journey into life, requires a smooth passage and adequate strength to ensure the baby can emerge easily without unnecessary delays. The proper functioning of Apana Vata is crucial for both Garbha Nishkramana Kriya (the expulsion of the fetus) and a comfortable delivery (Sukha Prasava). The fetus's rotation is facilitated by Vyana Vayu, which supports movements such as expansion, contraction, and shifts in various directions. These movements of Vyana Vata aid in the fetus's descent, flexion, and internal rotation. Additionally, the contraction and expansion of Vyana Vata contribute to uterine contractions and cervical dilation. Hence, Vata plays a significant role in ensuring a smooth delivery. During the third trimester, Apana Vayu can become imbalanced, and to manage this in the 8th and 9th months, various Acharyas have recommended therapies like Yonipichu and Basti. There are numerous formulations and treatment approaches that span from preconception to Garbhini Paricharya. In this case series, Basti containing Vatahara Kashaya and Yoni Pichu, both known for their Vatahara properties, were chosen for treatment. All three patients had normal vaginal deliveries without any complications and also the reduction of duration.

CONCLUSION

The administration of Basti and Yoni Pichu in the final stages of pregnancy (primarily the 9th month) completes the preparations for Sukhaprasava. These therapies are specifically designed to ensure a smooth, easy, and natural delivery by optimizing the body’s internal processes, nourishing and softening the reproductive tissues, and creating an ideal environment for labour. Prasava Paricharya helps maintain the balance of Vata Dosha, promoting the birth of healthy offspring. In this study, the application of Dasmoola Kwatha Asthapana Basti and Kebuka Taila Yoni Pichu was effective in achieving a smooth delivery without complications.

Consent and Ethical Statement

The study was conducted in accordance with the International Conference of Harmonization - Good Clinical Practice (ICH-GCP) guidelines, and informed consent was obtained from the participant before the study began.

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