



Case Series

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INDUCTION OF LABOR BY AYURVEDA TREATMENT: A CASE SERIES

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ABSTRACT

Uncomplicated pregnancy and uneventful labor process are the expectation of all pregnant ladies as well as of their family members. Hence the goal is to improve the quality care child birth through ayurvedic management by following Nava masa paricharya which includes yoni abhyanga, yoni pichu and anuvasana basti with madhuroushadhi dravya sadhita taila after completion of 37 weeks of gestation. The Objective of this is study the effect of Nava Masa Paricharya on onset of labor. Total 3 cases were taken for the trial. Age between 21-29 years two among them were primiparous and one subject multi parous with gestational age between 38 to 39 weeks visited the OPD of Prasuti and Stree Roga, Sri Dharmasthala Manjunatheshwara Ayurveda and Hospital, Hassan, after per vaginal examination advised for admission and planned for yoni abhyanga and yoni pichu and basti with ksheerabala taila for a week. All the three subjects delivered vaginally without any complications to babies with average weight 3000 grams. Their postnatal period was uneventful. An ayurvedic formulation which is cost effective, easily available can be very well-made use for the induction of labor. In all these cases, no chemical drugs used to induce or augment the labor.

Keywords: *Nava Masa Paricharya*, Induction of labor, *Sthanika Chikitsa*

INTRODUCTION

The outcome of pregnancy depends also on the mode of delivery as well as method of induction. Induction of labor is well established with chemical, mechanical and surgical methods. Due to highly raising incidences of C-section World health organization recommends the ideal rate for caesarean section to be in between 10-15%. Hence the goal is to have the quality care child birth with medicinal plants through Ayurvedic management by following Nava masa Paricharya which includes yoni abhyanga, yoni pichu and anuvasana basti with madhuroushadhi dravya sadhita taila during the third trimester¹.

Aims and Objective

To evaluate the efficacy of ksheerabala taila Basti, Yoni pichu & Yoni abhyanga on Prasava lakshana.

MATERIALS AND METHODS

Total 3 patients in which two were primiparous and one subject was multi parous, completed 37 weeks of gestation, were selected from the outpatient and in-patient Department of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

Basti, yoni abhyanga and yoni pichu with Sukhoshna Ksheera Bala taila from 37 weeks of pregnancy for 7 days.

Selection of drug

In Navama Masa Paricharya it is told to give basti and pichu using taila prepared out of Madhura aushadhi drugs. Ksheerabala taila² with Balamula and Ksheera having Madhura rasa was selected.

Assessment criteria

- Duration of stages of labor
- Bishops score
- Partograph
- Fetolectro cardiograph (Non-Stress Test)

Diagnostic criteria

- Primi/ multi gravida completed 37 weeks
- Cephalic presentation
- Adequate pelvis
- No placenta previa
- Normal amniotic fluid index

Uterine contractions

- 0 = mild
- 1 = moderate
- 2 = strong

Table 1: Bishop's score

	0	1	2	3
Cervical dilatation (in cm)	Closed	1-2	3-4	5 +
Effacement (in %)	0-30%	40-50%	60-70%	80%
Cervical consistency	Firm	Medium	Soft	Soft
Position of cervix	Posterior	Midline	Anterior	-
Head station	-3	-2	-1,0	+1, +2

Case profile

Table 2: Case Profile

Cases	Age & gravid state	Complaints		Per Vaginal	Ultra-Sonography
Case 1	21 years Primi Period of Gestation-38 weeks 1 day	C/o low back ache since 1 week	Uterus at term, relaxed cephalic presentation, engaged. Fetal heart sound- regular Fetal movements +	Cervix- 2 finger tight Effacement-10-20% Head-2 station Show+	Single live intra uterine gestation of 37 weeks 3 days, biophysical profile 8/8, estimate fetal weight-3230 grams, Amniotic Fluid adequate No placenta Previa
Case 2	G2 P2 L1 23 years Pog-39 weeks 4 days	c/o mild hardness of abdomen since one day	<ul style="list-style-type: none"> • Uterus at term, relaxed, cephalic presentation • Engaged, Fetal heart sound-regular • Fetal movements 	cervix 2 finger loose Effacement- 40% Head-2 station Show+	Single live intrauterine gestation of 38 weeks 4 days, biophysical profile 8/8, estimate fetal weight-3518 grams, Amniotic fluid index-adequate No placenta previa
Case3	28 years, Primi POG-38 weeks 3 days	c/o mild hardness of abdomen x one day	<ul style="list-style-type: none"> • Per abdomen - uterus at term, irritable, cephalic presentation • Engaged, Fetal heart sound-regular • Fetal movements + 	Cervix- 5-6 cm dilated Effacement-60% Head-1 station Show+	Single live intra uterine gestation of 36 weeks 4 days biophysical profile 8/8, estimate fetal weight- 2973 grams, Amniotic Fluid adequate No placenta previa

Investigations

Routine Haematological examination: Hb%, TC, DC, ESR, BT, CT, Platelet count, grouping and Rh type
 Biochemical tests: S. Creatinine, B. Urea, Serum Uric acid, Random blood sugar, GTT.
 Serology: HIV, VDRL, HbsAg
 Urine: Albumin, Sugar, Microscopic.

Procedure

After 37 weeks of gestation all the three subjects were given Ksheera Bala taila Yoni Abhyanga -10 min, once In a day, Yoni pichu -6 hours, once in a day, Matra basti – 60 ml

No of days: Case 1- 4, Case 2- 3, Case 3- 6



Figure 1: Ksheerabala Taila

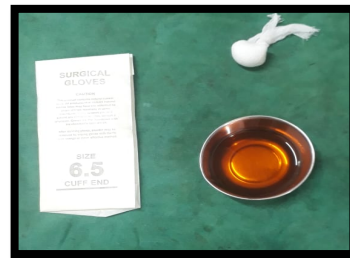


Figure 2: Sukhoshna Ksheera Bala Taila

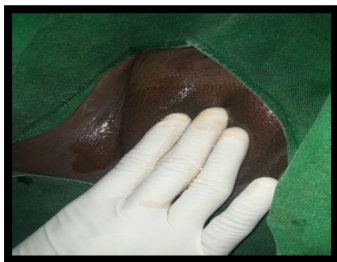


Figure 3: Yoni abhyanga



Figure 4: Yoni pichu

Assessment- Bishop score on admission

Table 3: Assessment

Cases	Cervical Dilatation (In cm)	Effacement	Cervical position	Cervical consistency	Head station	Score
Case 1	3-4	30-40%	Mid position	Medium	-2	6
Case 2	4	50-60%	Anterior	Medium	-2	7
Case 3	5-6	60-70%	Anterior	Soft	-1	8

Partograph: All the three were monitored using partograph for maternal and fetal wellbeing, progress of labor in time and duration.

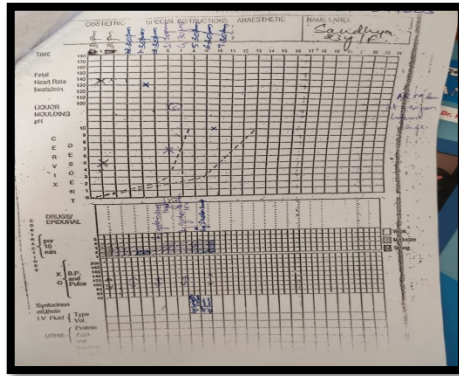


Figure 5: Partograph

RESULT

All three cases delivered vaginally with right medio lateral episiotomy. The average time taken for first stage of labor being 4-8 hours.

Table 4: Results

Cases	Delivery note	Baby weight	Episiotomy length	Duration of stages of labor
Case-1	Full Term Normal Delivery	3250 grams	4 cm	1st stage- 3 hours 40 min 2 nd stage- 10 min 3 rd stage- 5 min
Case-2	Full Term Normal Delivery	3500 grams	4 cm	1st stage- 6 hours 30 min 2 nd stage- 12 min 3 rd stage- 5 min
Case-3	Full term normal delivery	3050 grams	4.5 cm	1st stage- 3 hours 10 min 2 nd stage- 8 min 3 rd stage- 6 min

Ingredients of Ksheerabala taila²

Table 5: Ingredients of Ksheerabala taila

1	Balamula (<i>Sida cordifolia</i>) kashaya	16 parts
2	Balamula Kalka	1 part
3	Murchita Tila (<i>Sesamum indicum</i>) taila	4 parts
4	Ksheera (Godugdha)	4 parts
5	Water	16 parts

Dravya	Rasa	Guna	Veerya	Vipaka	Doshghnata	Karma
Balamula	Madhura	Guru	Sita	Madhura	Vatahara	Brihmaneeeya
Ksheera	Madhura	Snigdha	Sita	Madhura	Vatapitahara	Dhatuvardhana Ojasya
Tila taila	Madhura, kashaya anurasa	Sukshma, Vyavai, ushna	Ushna	Madhura	Vatakaphahara	Yoni shodhaka, Garbhashaya shodhaka. Yoni shoolahara

Mode of action

Basti

Administration of medications through the rectal route have higher bioavailability and faster in action. The drug through rectal route reaches the circulatory system which distributes the drug in greater concentration. The taila (lipid) are absorbed by the colon by simple diffusion and enters the systemic circulation which in turn stimulates the hypothalamus and signals posterior pituitary to secrete oxytocin and thus increases the uterine contractions helping in induction of labor.

Yoni Abhyanga

Daily massage in the vagina with medicated oil causes irritation of cervix, thus stimulates the hypothalamus and pituitary in

releasing the prostaglandins and stimulates the oxytocin receptors in the myometrium initiating myometrial contraction and thus induces the process of labor.

Pitu

Pitu is vaginal tamponing with medicated oil. By this there will be high drug concentration in cervical tissue. As the tampon will be in site for longer duration it increases the absorption of drug locally. Hence the cervix becomes soft and ripens easily.

Mode of action of Drugs

In Ksheerabala taila, Balamula contains chemical constituent vasicine which has proven oxytocic action which helps in uterine contraction and speeding up labor. Vatahara property of Balamula and Ksheera helps in balancing the Apana vata and promotes its

garbhanishkramana³ karma. Hence prevents the undue prolongation of labor as well as prevents soft tissue obstruction in pelvic floor. Tila taila being Vatahara removes the Rukshata in the birth canal by its Snigdha guna⁴⁻⁷ and improves the elasticity of pelvic floor thus helps in the easy expulsion of foetus and prevents the laceration and tear of birth canal.

DISCUSSION

The normal labor can turn to pathological at any time and rightly described that at the time of child birth, women's one leg lies in this Loka and other in Yamaloka. In the present case series, the vaginal tampon, medicated enema and oil massage in vagina found beneficial in reducing and favouring the painful and lengthy process of child birth.

The subjects were of the age between 21-29 years with anxiety about labour process and also will be more sensitive towards pain.

Discussion on Pichu

High drug concentration on tissue of cervix helps in quick absorption of drugs into the cell membrane. Thus, the pichu helps in ripening the cervix which is mandatory for the dilatation to happen. Daily tamponing causes irritation on the nerve ganglia of cervix thus produces prostaglandins and stimulates initiation of labor. The contractile response is initiated through the receptors of the post-ganglionic nerve fibers in and around the cervix and lower part of the uterus. The therapy was found beneficial in favouring the Bishop's score in all cases. The uterine contraction was normal in duration, frequency and intensity. There were no signs of abnormal contraction.

Throughout the labor process foetal heart rate was monitored continuously. But there was no bradycardia or tachycardia. In all three cases the membranes ruptured spontaneously in late first stage of labor. And there was no meconium stain observed.

No complications such as cervical tear, vaginal tear, PPH, abnormal contraction and foetal distress was seen in any subjects

CONCLUSION

Matra basti, Yoni pichu and Yoni abhyanga with KB tila reduces the time and exhaustion of labor which is commonly the most fearsome factor for normal labor. Even though initiation of labor is highly appreciated in this study, trial should be done in more sample.

Hence *Navamasa Paricharya* can be applied as an SOP in normal labor progressing subjects for smooth and less effort for women of today's era with less stamina and Manasika satva.

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