



Review Article

www.ijrap.net (ISSN:2229-3566)



A REVIEW ON SUKHAPRASAVA

Swati Malsariya ^{1*}, K. Bharathi ², B. Pushpalatha ³

¹ P.G. Scholar, Prasuti Tantra and Stree Roga Department, National Institute of Ayurveda, Rajasthan, India

² HOD and Professor, Prasuti Tantra and Stree Roga Department, National Institute of Ayurveda, Jaipur, Rajasthan, India

³ Associate Professor, Prasuti Tantra and Stree Roga Department, National Institute of Ayurveda, Jaipur, Rajasthan, and PhD Scholar, Tilak Maharashtra Vidyapeeth, Pune, Maharashtra, India

Received on: 26/07/21 Accepted on: 10/09/21

*Corresponding author

E-mail: swatimalisariya@gmail.com

DOI: 10.7897/2277-4343.1205153

ABSTRACT

The series of actions happen in the genitals to expel the live product of fertilization from the uterus at the end of full-term pregnancy through the route of the vagina referred to as normal labour. This definition of labor is quite like the classical definition of Prasava which defines as at an appropriate time Prasuti Maruta acts in the right direction to rotate the fetus as per the pathway of the birth canal with head downward and fetus delivered out of Apathyapathya and can survive independently. The whole process is called Prasava or Sukhaprasava or Prakrutaprasava. In classics, the description regarding different stages of labour is found based on signs and symptoms of the parturient along with care to be given to her. In the present paper, Sukhaprasava is described completely including all its stages mentioned in classics and try to clarify the signs and symptoms mentioned as per the present scenario.

Keywords: Sukhaprasava, Apathyapathya, Prakruta Prasava, Aprakruta Prasava, Normal labor

INTRODUCTION

God has blessed the women body with the power to create the next generation to continue the life process on earth. So, women adopted the term “Janani”. For the creation of this world, the woman undergoes various changes in her body from adopting puberty, to hold the pregnancy and delivering the next generation through labour. These all are a physiological phenomenon that occurs in the female body. If any deviation occurs in this physiology can results in pathology.

Sukhaprasava is nothing but the normal physiological process that occurs on the maternal body at the time of normal vaginal delivery. The act of labour contains different stages at the proper phase of time so that women can normally deliver without any external interference. The phase of pregnancy and labour is given a lot of importance in the classics also. Acharya Charaka said that pregnant women should always be taken care of attentively as she is like pot loaded with oil and slight imbalance can spill the oil from pot similarly any negligence can negatively influence pregnancy.¹ Acharya Kashyapa told that one foot of the women during labour is in “Yama loka” i.e., to place of lord of death and other feet towards the living world. This clarifies the importance of understanding the process of labour.²

Nowadays due to improper diet, lack of physical work, modern and sedentary lifestyle the physiological process of labour can terminate to pathology i.e., Aprakruta Prasava. Modern lifestyle and busy work schedule give rise to the incidence of late first pregnancy i.e., elderly primigravida and this also influence the incidence of normal vaginal childbirth. Twenty to twenty-five years of age is the most fertile age for a female to conceive and giving birth but beyond that the chances of abnormal labour increase. The rate of lower segment cesarean delivery also got

peaks nowadays i.e., 17.2% per childbirth in the year 2015-16³ which increase the risk of the life of a mother as well as her newborn. Sometimes the normal duration is taken to complete labour also increases which increases the stress to the mother and fetus in the womb. The average duration of complete labour is 12 to 14 h in primigravida patients and 6 to 8 h in multipara patient⁴ beyond this considered as abnormal labour and may need some external assistance. In today's obstetrician practice the use of oxytocic drugs is highly used to accelerates the phenomenon of normal labour even though they can accelerate the labour but sometimes also harming mother and fetus like hyper-stimulation of uterine muscle which may terminate into the rupture of the uterus, convulsion, coma, cardiac arrest or even death of mother⁵ and fetal will affect by reduced APGAR score after birth,⁶ neonatal jaundice, retinal damage etc. Operative interventions during labour like Cesarean section sometimes excessive bleeding may occur which poses' serious threat to mother's life so to save her life emergency obstetric hysterectomy may perform which influence mental status of the couple and the power of creation of next generation is to be taken away.

So, it is important to gain classical knowledge of Sukhaprasava properly so the pregnant women can be supported during this process and be encouraged for normal vaginal childbirth.

Definition of Sukhaprasava

The word Prasava is derived from the Amarkosha as to get rid of or to release of or to become free and it has some synonyms like Prasuti, Garba-mukti, Garbha-mochana, Garbha-moksha, Garbha-tyagam etc. And the word Sukhaprasava indicates to get rid of Garbha happily without any trouble. Acharya Charaka mentioned the proper definition of Sukhaprasava as at a perfect time for delivery the head of the fetus get turns and expels out

through the Apathyapatha (vaginal canal) under the influence of Prasuti Maruta and the newborn now become capable of self-survival.⁷ This is called Prakruta Prasava or Sukhaprasava. Acharya Sushruta added the Swabhava which make the fetal head expel out of the birth canal.⁸

Table 1: Stages of Prasava in classics

Name in Classics	Probable stage of labour as per modern
Prajayini / Prasava-utsooka	Few days prior labour/initiation of the first stage
Assanaprasava/ Prajananakalabhimata	First Stage (cervical stage)
Upasthita Prasava	Ending of the first stage of initiation of the second stage
Parivartita Garbha	Second stage
Aparapatana	Third stage

Different stages of Prasava

Prasava Prakriya is a single process but for easy understanding and for providing different kinds of supports to the parturient at a different level it is divided into the following steps (Table 1):

1. Prajayini or Prasava-utsooka

The term Prajayini is given by Acharya Sushruta and Prasava-utsooka by Acharya Bhavmishra.⁹ Both the term has the same meaning i.e., eager to deliver. This stage begins few days before the labour onset thus called the preparatory stage or pre-labour stage. In this stage, the parturient experiences Shithilta in flanks as well as abdomen, cut off the bond with Hridya and pain felt in the Jaghana region (upper thigh).¹⁰

2. Assanaprasava or Prajananakalabhimata

As per Acharya Charaka, in this stage, the parturient is going to deliver early, she got exhausted, fatigue, her appearance becomes lethargy, eyes looks sloppy, if the bond of chest release then felt the relaxation, the lower abdomen becomes heavy and brings downward, she suffers from pain in the groin, lower back, bladder region, flanks and whole back region, discharges release from the vagina, felling of anorexia and labour pain begins with the expulsion of amniotic fluid.¹¹ Acharya Kashyapa added Yoniaudirya and Yonivivarta (cervical dilation and effacement) along with these signs and symptoms.¹²

3. Upasthita Prasava

Acharya Sushruta termed this stage as Upasthita prasava as in this stage excessive and recurrent pain is felt around the sacral region along with the recurrent excretion of urine and stool. Mucoïd like vaginal discharge is also found in this stage.¹³ Arundatta added the term Aavi and leaking of liquor along with the downward movement of the fetus.¹⁴

4. Parivartita Garbha

Acharya Charaka explains about fetal expulsion as when fetus descends by leaving the cardiac region and reaches towards the lower abdomen along the side of bladder's neck, contractions acquire peak both in intensity as well as frequency and fetus expels out.¹⁵

5. Aparapatana

This stage is the ultimate stage of Prasava and a very crucial stage. Acharya Kashyapa term Garbhini as Sutika only when this stage is accomplished.¹⁶ Placenta is termed as Aparata, and it should be detached and expelled out soon after the delivery of the fetus to complete the process of labour.

DISCUSSION

Labour is called natural when this act initiates spontaneously after attaining term pregnancy this is referred to as Upasthita kala. At full term, mechanical factors (uterine distension due to growing fetus and amniotic fluid), hormonal factors (fetoplacental contribution, estrogen, progesterone, prostaglandin, and oxytocin) and neurological factors contribute to initiating labour.¹⁷ The act of labour is initiate and completed only under the influence of Prasuti Maruta as said in the classics. Apana Vayu is only responsible for Dosha for eliminating Shukra, Artava, Shakrata, Mutra and Garbha¹⁸ and Vyana Vayu is responsible for Gati, Apashepanam and Utshepanam¹⁹ so it is also responsible for Prsarana and Akunchana of uterine musculature during contractions. This signifies that the Apana Vayu and Vyana Vayu work together in inappropriate manner at the time of Prasava and are titled Prasuti Maruta. The presentation of the fetus at the time of labour should be Cephalic so that it can easily expel out with proper adaptation according to the curved pathway of the birth canal. Cephalic presentation is the commonest presentation that fulfils the criteria for eutocia (normal labour). The route of delivery should be through Apathyapatha i.e., vaginal so that the surfactant present in the alveoli of the fetus can squeeze off and the newborn can respire without any assistance. Delivering a fetus via the abdomen route can generate many respirations related complications in the newborn which can remain till whole life. So, the safest route for delivery is vaginal as mentioned in the classics.

Prajayini or Prasava-utsooka is defined as the pre-labour stage which begins few days before the initiation of labour and its symptom of free of bond with Hridya is termed as Lightening and called as welcome sign of labour. The parturient felt relief from cardio-respiratory stress due to the occupancy of presenting part into the true pelvis.

Assanaprasava or Prajananakalabhimata is taken as the first stage of Prasava as its symptoms indicate the onset of true labour pains along with contraction of myometrium and dilation and effacement of the cervical canal. Show (vaginal mucoïd discharge) along with reduction of fundal height is seen in this stage. During the first stage of labour, the contractions should begin with the duration of 30 seconds with 15-30 minutes intervals and progressively increases with the duration of more than 45 seconds with 3 to 5 minutes intervals.²⁰ At this stage cervix becomes soft and ripen under the influence of labour initiating factors, collagen fibres become distorted arrange loosely so that cervix prepares to expel the fetus and its membrane. This stage can also term as the cervical stage.

Upasthita Prasava can be defined as the ending of the first stage and beginning of the second stage of labour as the symptoms of severe painful uterine contractions, excessive discharge of liquor amni due to the spontaneous rupture of membrane and frequent urge of defecation and micturition due to the pressure effect on bladder and rectum is only seen in the second stage of labour.

Parivartita Garbha is the stage of fetal expulsion or called the end of the second stage of labour. At this stage, the fetal head crosses the neck of the bladder during its way of the birth canal and bear down efforts applied by the parturient to deliver it out.²¹ The bearing down efforts should only be applied along with the uterine contractions and a stronger effort to be applied while the fetal head approaches towards the vaginal orifice. Ultimately viable fetus expels out completely from the womb through the vaginal canal into the surrounding world.

Aparapatana is called the third stage of labour in which the placenta separates from the inner surface of the uterus then descends through the vaginal canal and finally expels out along with fetal membranes. Along with the separation of the placenta, the torn sinus of blood vessels obstructed by the intermediate muscles of myometrium and homeostasis achieve to prevent post-partum haemorrhage thus interlacing intermediate fibres of myometrium called as living ligature.

CONCLUSION

Sukhaprasava should be the aim of all the pregnancy. Sukhaprasava is said when labour is spontaneous in onset at full-term pregnancy proceeds without any delay with the proper functioning of Prasuti Maruta and fetus descends through the vaginal canal with the proper adaptation of its head throughout the path and capable to survive independently out of mother's womb. This comprises five stages as per classics namely Prajayini or Prasava-utsooka, Assanaprasava or Prajananakalabhimata, Upasthita Prasava, Parivartita Garbha and Aparapatana. Sequential knowledge of all these stages from the classics helps in the proper understanding of stages of labour as per modern science and gives an idea about the management of every stage to reach the goal of Sukhaprasava.

REFERENCES

1. Shastri Kashinatha and Chaturvedi Gorakhanatha, Hindi commentary Vidhyotini on Agnivesh Charaka Samhita, Shareera Sthana, Chapter 8, Jatisutriya Shareera, Chaukhambha Bharati Academy, Varanasi, Reprint; 2014. p. 930.
2. Bhisagacharya Satyapala, Kashyapa Samhita, Vidhyotini Hindi Commentary and Hindi Translation of Sanskrit Introduction, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint; 2014. p. 125.
3. Bhartia A., Sen Gupta Dhar, R. & Bhartia S. Reducing caesarean section rate in an urban hospital serving women attending privately in India – a quality improvement initiative. BMC Pregnancy Childbirth 2020; 20: 556. <https://doi.org/10.1186/s12884-020-03234-x> Last browsed 28/8/2021
4. DC Dutta. Textbook of Obstetrics, 7th ed. Kolkata, New Central Book Agency (P) Ltd; 2011. p. 116.
5. DC Dutta. Textbook of Obstetrics, 7th ed. Kolkata, New Central Book Agency (P) Ltd; 2011. p. 499.
6. Farag A, Ibrahim H, Elnaggar A. Effect of Labor Augmentation Using Oxytocin on Neonatal Outcome, A Case-Control Study. J Gynecol Women's Health 2020; 18(1): 555977. DOI: 10.19080/JGWH.2020.18.555977
7. Shastri Kashinath and Chaturvedi Gorakhanatha. Hindi commentary Vidhyotini on Agnivesh Charaka Samhita, Shareera Sthana, Chapter 6, Shareervichaya Shareera, Chaukhambha Bharati Academy, Varanasi, Reprint; 2014. p. 906.
8. Shastri Kaviraja Ambikadatta, Hindi commentary on Sushruta Samhita, Nidana Sthana, Chapter 8, Mudhgarbha Nidana, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint; 2012. p. 339.
9. Tewari P.V. Ayurved Prasuti Tantra evum Stree Roga, Prasuti Tantra, Part 1, Chaukhamba Orientalia, Varanasi, Reprint; 2018. p. 436.
10. Shastri Kaviraja Ambikadatta, Hindi commentary on Sushruta Samhita, Shareera Sthana, Chapter 10, Garbhiniyakaran Shareera, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint; 2012. p. 100.
11. Shastri Kashinath and Chaturvedi Gorakhanatha, Hindi commentary Vidhyotini on Agnivesh Charaka Samhita, Shareera Sthana, Chapter 8, Jatisutriya Shareera, Chaukhambha Bharati Academy, Varanasi, Reprint; 2014. p. 941.
12. Tewari P.V. Ayurved Prasuti Tantra evum Stree Roga, Prasuti Tantra, Part 1, Chaukhambha Orientalia, Varanasi, Reprint; 2018. p. 437.
13. Shastri Kaviraja Ambikadatta, Hindi commentary on Sushruta Samhita, Shareera Sthana, Chapter 10, Garbhiniyakaran Shareera, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint; 2012. p. 100.
14. Tewari P.V. Ayurved Prasuti Tantra evum Stree Roga, Prasuti Tantra, Part 1, Chaukhamba Orientalia, Varanasi, Reprint; 2018. p. 437.
15. Shastri Kashinatha and Chaturvedi Gorakhanatha, Hindi commentary Vidhyotini on Agnivesh Charaka Samhita, Shareera Sthana, Chapter 8, Jatisutriya Shareera, Chaukhambha Bharati Academy, Varanasi, Reprint; 2014. p. 943.
16. Tewari P.V. Ayurved Prasuti Tantra evum Stree Roga, Prasuti Tantra, Part 1, Chaukhamba Orientalia, Varanasi, Reprint; 2018. p. 457.
17. DC Dutta. Textbook of Obstetrics, 7th ed., Kolkata, New Central Book Agency (P) Ltd; 2011. p. 113-115.
18. Tripathi Brahmanand, Ashtanga Hridayam of Srimadvagbhata, Edited with Nirmala Hindi Commentary, Chaukhambha Sanskrit Pratishthan, Delhi, Sutra Sthana, Chapter 12, Doshbhediya Adhyaya, Reprint; 2014. p. 172.
19. Tripathi Brahmanand, Ashtanga Hridayam of Srimadvagbhata, Edited with Nirmala Hindi Commentary, Chaukhambha Sanskrit Pratishthan, Delhi, Sutra Sthana, Chapter 12, Doshbhediya Adhyaya, Reprint; 2014. p. 171.
20. DC Dutta. Textbook of Obstetrics, 7th ed. Kolkata, New Central Book Agency (P) Ltd; 2011. p. 128.
21. Shastri Kaviraja Ambikadatta, Hindi commentary on Sushruta Samhita, Shareera Sthana, Chapter 10, Garbhiniyakaran Shareera, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint; 2012. p. 101.

Cite this article as:

Swati Malsariya et al. A Review on Sukhaprasava. Int. J. Res. Ayurveda Pharm. 2021;12(5):93-95 <http://dx.doi.org/10.7897/2277-4343.1205153>

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

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.