

ANUVASANA BASTI IN NORMAL VAGINAL DELIVERY: A CASE REPORT

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**ABSTRACT**

Pregnancy is an important event in women's life. Normal vaginal delivery can be considered the safest method of delivery considering the health of both mother and baby. Women need to be encouraged to adopt a normal vaginal route of delivery. Ayurveda vividly describes the possibility of a normal vaginal delivery without any untoward difficulty during delivery. Anuvasan Basti (oleation enema) is a procedure of application of medicated oil through the anal route. According to Acharya Charak, during the eighth and nine months of pregnancy Anuvasan Basti proves to have beneficial effects in obtaining Sukha Prasava (normal vaginal delivery). In the present case, the primigravida lady in her eighth month of pregnancy was given Anuvasan Basti with Balataila (oil) which helped her to give birth through spontaneous vaginal delivery with a reduction in the duration of the first and second stages of labor without any complications. AIMS AND OBJECTIVES 1. Clinical study of Anuvasan Basti, its effect on labor and during pregnancy. 2. To evaluate the efficacy of Balataila in the above-said procedure for minimizing the intranatal and postpartum complications and giving birth to a healthy baby. MATERIALS AND METHODS: The case study is a single-arm, open-labeled woman of 21 years of age with 39weeks 4days pregnancy who came to Ayurvedic College treated with Bala taila Anuvasan Basti for 7days. The literature is taken from Brihatrayee books (Charak Samhita, Susruta Samhita, Astanga Sangraha), all available ayurvedic classics, modern textbooks, research papers, and journals. RESULTS: The primigravida lady delivered (Sukhaprasav) a healthy baby through

vaginal delivery without intrapartum and postpartum complications after receiving Anuvasan basti with Bala taila for 7 days.

Keywords: #VaginalDelivery #Anuvasanbasti #Pregnancy and Ayurveda #indianmedicine

INTRODUCTION

Labour is a series of events that take place in genital organs to expel the viable products of conception out of the womb through the vaginal. Ayurveda describes the process of normal labor as Sukha Prasava and due to Prasuta-maruta, the baby gets expelled from the vaginal route. Giving birth to a healthy child without any intrapartum and postpartum complications is the desire of a mother. Normal vaginal delivery is not only safe for the mother but also the child. There is a significant decline in rates of vaginal delivery due to fear of labor pain and also due to hectic work schedule of women. Acharya Sushruta and Acharya Vagbhata advised Anuvasana basti (oleation enema) as an eighth-month regimen, although Acharya Charaka advised in ninth month instead. They have elaborately described Garbhini Paricharya (antenatal care), a month-wise daily regimen for proper growth of fetus and mother's health. Anuvasan basti has been described to be given in the eighth and nine months of pregnancy for proper vaginal delivery of a baby without intra partum and postpartum complications. It is used for Vata Anulomana (subsiding one of bioenergy Vata) to facilitate normal delivery and for smoothness of pelvic muscles and related organs.

CASE STUDY

A primigravida lady of 21 years old residing in Bel-tola, Assam came to IPD of Prasuti Tantra and Stree Roga department of Government Ayurvedic Hospital, Jalukbari, Assam. The patient gave written voluntary informed consent before starting the trial.

Study Details: 1. Name of Patient- ABC 2. Registration no. -3450/21 3. Date of visit- 21/11/2021 4. Age- 21 years 5. Gender- Female 6. Religion- Hindu 7. Occupation- Housewife

Chief Complaints: 1. Amenorrhea for 9 months (38 weeks 4 days). 2. Pain abdomen and low backache since early morning 3. No history of leaking and bleeding per vagina. History of present illness: The Primi

gravida patient is a known case of 38 weeks 4 days gestational age. She came with pain abdomen and low backache since the early morning of 21/11/21. She has done her regular antenatal check-ups. She came to our hospital for needful treatment.

• Menstrual history: Age of menarche: 11 years, LMP: 24/2/2021, EDD: 1/12/2021

Marital status- Married for 1 year

• Family history: Nothing significant

• Immunological history: 2 doses of inj.TT was taken at the 2nd and 4th months of pregnancy.

• Personal history: Diet: Non vegetarian; Appetite: Normal; Sleep: Normal; Bowel: Normal; Micturition: Normal; Addiction: None

General Examination:

1. Height- 158cm
2. Weight- 58 kg
3. B.P- 110/70 mmHg
4. Pulse rate: 89/min
5. Built: Average built and nourished
6. Pallor/Cyanosis/Icterus/Oedema/Dehydration – Absent.

Systemic Examination: 1. CVS- S1, S2 heard 2. CNS-Conscious, well-oriented. 3. RS- B/L chest clear, Local Examination: Breast examination: Everted nipple, secondary areola present, Montgomery's tubercle present.

P/A Examination: Everted umbilicus, linea nigra+, striae gravidarum+, Fundal height-(38-39) weeks, Auscultation: Fetal Heart Sound: 132bpm and regular. P/V Examination: Pelvis assessment is done. The pelvis is adequate for normal delivery. The Cervix is closed, posterior.

INVESTIGATION:

Haemoglobin: 10.8 g/dl, Blood group and Rh type: B Positive, TC: 8100/cumm, DLC: [68% + 25% + 7% + 1%], BT- 1min.30secs., CT- 4min,10secs. Random

Blood Sugar (RBS): 98 mg/dl, TSH screening: 2.36 μ IU/ml

HIV/VDRL /HBsAg/HCV- Non-Reactive, Urine routine examination- Normal, Ultrasound: Single live gestation with gestational age 35-36 weeks. Placenta-posterior upper Grade III, adequate liquor present. BPP: 8/8. Estimated fetal weight 2807 gms. (9/11/2021)

Medications:

Oral Medications: 1. Dhatri loha -2 tablets BD after food 2. Prawal Pishti -500 mg BD 3. Shatavari churna 4gm with milk during the evening. 4. Punarnava Mandur- 2tablets twice daily after food. *Advice:* Avoid unnecessary travel, strenuous physical work, and the Need for Adequate bed rest, consume an adequate diet, including milk, fruits, green leafy vegetables, and chicken, fish, and eggs.

Table 1: Schedule of Bala Taila, Anuvasana Basti

DATE	Bala Taila Amount	Basti Dankaala	Basti Pratyagaman Kaala
21/11/2021	60ml	8.05 am	4.30 pm
22/11/2021	60ml	8.15 am	6 pm
23/11/2021	60ml	8.30 am	7.10 pm
24/11/2021	60ml	8.08 am	5.30 pm
25/11/2021	60ml	8.30 am	4 pm
26/11/2021	60ml	8.10 am	6.30 pm
27/11/2021	60ml	8.00 am	1.05pm

OBSERVATION AND RESULTS:

It has been observed that the primigravida lady delivered without any intrapartum and postpartum complications (*Sukha prasav*). There was a reduction in the total duration of the first and second stages of labor. From the start of her moderate contraction of duration (15-20) seconds in an interval of (4-5) minutes, the latent phase of the first stage of labor was for four hours. Her active phase of the first stage of labor lasted for four hours with active contractions of duration (of 35-40) seconds in an interval of (2-3) minutes. Her second

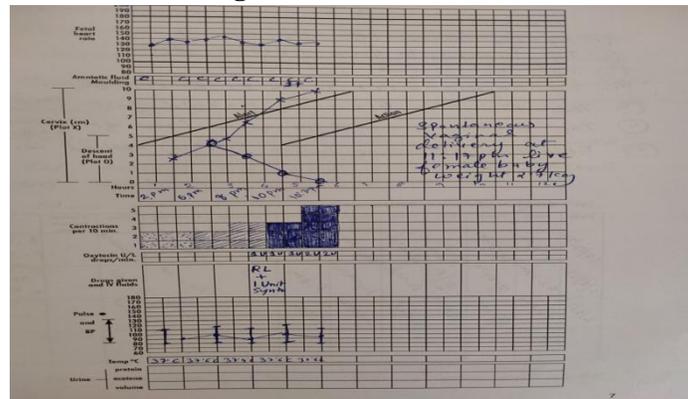
stage of labor lasted for only 47 minutes. She delivered a term appropriate for gestational age healthy female baby of weight 2.7kg via normal vaginal delivery with right mediolateral episiotomy under local anesthesia at 11.17 pm on 27/11/21. The placenta was expelled spontaneously. Her third stage of labor was for less than 5minutes, uterus contracted properly. The episiotomy wound was repaired and there was no sign of cervical tear, any injury, or postpartum hemorrhage.

Table 2: Labour Record:³

TIME ON	Stage of labour	VITALS	PER ABDOMEN EXAMINATION	PER VAGINAL EXAMINATION
2 PM	Latent phase of first stage of labour	B/P- 110/80mmHg P/R- 86/min	P/A-MODERATE CONTRACTION, INTERVAL-(4-5) minutes DURATION-(15-20) seconds	Cervix Dilatation = (2.5-3) cm Effacement= (30-40) % Station= -1 BOM= Intact Shaw= present
6PM	Start of active phase of first stage of labour	B/P- 110/80mmHg P/R- 88/min	P/A-ACTIVE CONTRACTION, INTERVAL-(3-4) minutes	Cervix Dilatation = (4-4.5) cm Effacement= (60-70) % Station= 0 BOM= Intact

			DURATION-(30-35) seconds	Shaw= present
10.30 PM	Second stage of labour	B/P- 120/90mmHg P/R- 92/min	P/A-ACTIVE CON-TRACTION, INTERVAL-(2-3) minutes DURATION-(40-45) seconds	Cervix Dilatation= (9.5-10) cm Effacement= 100% Station= +1 BOM= Intact Shaw= present

Fig 1: PARTOGRAPH:4



Anuvasan Basti (enema in anal route) with Bala taila(oil) does vata anulomana and relaxes the pelvic floor muscles thereby proving to be effective for normal vaginal delivery within a short interval of different stages of labor without any untoward complications.⁵

DISCUSSION

Prasava means giving birth. Sukha Prasava, which is normal labor, is the process of giving birth or expulsion of pragabhava garbha (mature fetus) per vagina and also the expulsion of the placenta. 'Apana vayu' according to Ayurveda has an important role in the expulsion of the fetus. The vayu is essential for contraction and retraction of the myometrium and to expel the fetus. In order to keep the balanced state of this Vayu, Acharyas have advised the administration of Anuvasan basti⁶. Basti is regarded as the best treatment for vitiated Vayu which is likely to be disturbed during pregnancy. Hence, for Sukha Prasava to occur Anuvasana basti is effective. Basti which has Sneha dravya (fatty substances) as the main ingredient is called Anuvasana Basti. Acharya Bhagavat and Acharya Charak have mentioned Anuvasana Basti as a type of Sneha Basti. But Acharya Sushrut has mentioned Anuvasana Basti as Sneha Basti. In Basti the drug is administered to the anal canal reaches up to Navi Pradesh, Kukshi Prasava (anatomical structures of the abdomen) churns out the

doshas and purisha (morbid waste and fecal matters), spread the unctuousness all over the body by staying for a certain time limit and easily comes out along with churned purisha and doshas. This therapy relaxes the pelvic muscles, and ligaments, and allows easy expulsion of the fetus as the oil with specific chemical constituents penetrates deep into the pelvic floor. Bala is cold in potency, sweet in taste, unctuous, and absorbent. It is used to pacify vata dosha, and cure wounds⁷. Bala taila has properties like anti-inflammatory, diuretic, uterine tonic, antispasmodic, analgesic, antioxidant, wound healing properties, etc. It has chemical constituents like patchouli alcohol, maaliol, beta-gurjunene, alpha-guaiene, 7-epi-alpha-selieneare a few to mention⁸.

CONCLUSION

Ayurveda gives us an ample area to explore and expand our knowledge. Attaining Sukha Prasava through the use of Anuvasana basti with the help of Bala taila. Bal-

ataila is Sothahara(anti-inflammatory), Vedanasthapak (pain relief), Vatahara Brimhana(oleation), Balya (strengthen), Prajasthapana (procreation of healthy desirable child). This oil effectively provides nourishment and relaxation to the pelvic organs, abdominal organs as well. There was the reduction in time limits of different stages of labor and the labor happened smoothly without any complications. Anuvasan basti seems to be effective remedy for a lady desirous of normal vaginal delivery, provided the pelvis is adequate from normal delivery.

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