

## INCREASING PREVALENCE OF LSCS (CAESAREAN SECTION DELIVERY) IN MODERN ERA AND ITS PREVENTION BY AYURVEDA

Atram Pratibha Kamlakar<sup>1</sup>, Arvind C. Tumram<sup>2</sup>

<sup>1</sup>Assistant Professor, Rachana Sharir Dept, Bhausahab Mulak Ayurved College, Nandanwan, Nagpur, Maharashtra, India, <sup>2</sup>Assistant Professor, Agada Tantra Dept, Govt Ayurved College, Sakkardara, Nagpur, Maharashtra, India

### ABSTRACT

Pregnancy is a unique state of physiological stress where the pregnant women undergo a series of maternal adaptations to meet the increasing demand of growing foetus. Throughout pregnancy there is anxiety regarding the foetal outcome, labour pains, and associated with minor ailments. Caesarean section (CS or C-section) is a surgical intervention which is carried out to ensure safety of mother and child when vaginal delivery is not possible (emergency CS) or when the doctors consider that the danger to the mother and baby would be greater with a vaginal delivery (planned CS). Normal delivery is always beneficial to mother as compare to caesarean section, in this context the rapid increase of CS rate throughout the world has become a serious public health issue because several studies have found that the high rate of caesarean section delivery does not necessarily contribute to an improved maternal health and pregnancy outcome. In caesarean women may face pre, intra and post operative complications. To ease this stressful phase of pregnancy *Ayurveda* helps preciously. *Ayurvedic* classics have revealed several measures of using oral drugs, local applications, *basti* (enema) procedures to avoid complications of caesarean section.

**Keywords:** *Udara vipatana, masanumasik garbhini paricharya*, caesarean section,

### INTRODUCTION

Pregnancy is a unique state of physiological stress where the pregnant women undergo a series of maternal adaptations to meet the increasing demand of growing foetus. Throughout pregnancy there is anxiety regarding the foetal outcome, labour pains and associated with minor ailments. Definition of health is now past for many women and remains unsatisfactory in our country, due to changing life style, food habits, long hour working schedule, stressful environment, career demands late marriages and late pregnancies, misguided birth control pill all such conditions hampers the psychosomatic health of women even before conception, during pregnancy, delivery and lactation

period respectively which influences the achievement of conception, its maintenance, growth and development of embryo, foetus, neonates and infant In *Ayurveda* caesarean section has been explained as extraction of *garbha shalya* (dead foetus) with surgical intervention or decapitation of the foetus. The live foetus should be delivered with various manipulations.<sup>(1)</sup> While explaining the causes for *Moodha garbha*, there is a verse saying that if the mother is dead and the foetus is alive then the foetus should be delivered by doing *udara vipaatana* (opening the abdomen by putting an incision). But there is no description about the *udara vipatana* on living mother in our *ayurveda*.<sup>(2)</sup> Nor-

mal delivery is always beneficial to mother as compare to caesarean section, Caesarean section (CS or C-section) is a surgical intervention which is carried out to ensure safety of mother and child when vaginal delivery is not possible (Emergency CS) or when the doctors consider that the danger to the mother and baby would be greater with a vaginal delivery (planned cs). In caesarean women may face pre, intra and post operative complications. *Ayurveda* healing for such complications in pregnancy address the need to treat the root cause of feminine disturbances. *Ayurvedic* classics have revealed several measures of using oral. Drugs, local applications, *basti* (enema) procedures and other preventives to avoid complications of caesarean section.

**AIM:** To mention the preventives against the factors hampering *prakrit prasava* and factors enhancing the *prakrit prasava* by *Ayurvedic* medication and procedures and follow ups.

**OBJECTIVES:**

1. To studies the concept of *garbhini sharir, garbhini paricharya, prasuti viggyan* in context of guidance about normal vaginal delivery.
2. To find out the increasing factors causing caesarean section or the factors that hampers normal vaginal delivery in modern era.

**MATERIALS AND METHODS:**

Only textual materials are used for this study, from which various references have

been collected. Main *Ayurvedic* texts used in this study are *Charak Samhita, Sushruta Samhita, Ashtanga Sangraha, Ashtanga Hridaya*, & the available commentaries on it. Modern texts & related websites have also been searched. Some data has been mentioned in a tabular form to better understand.

Purpose of caesarean section-<sup>(3)</sup> Caesarean section, also called c-section, are performed whenever abnormal conditions complicate labor and vaginal delivery, threatening the life or health of the mother or the baby. Difficult labour is commonly caused by one of the three following conditions: abnormalities in the mother's birth canal; abnormalities in the position of the foetus; or abnormalities in the labour, including weak or infrequent contractions. Planned caesarean: done when a known medical problem would make labour dangerous for the mother or baby. Emergency caesarean: done without planning, after labour has started. Medical reasons for an emergency caesarean may include: Foetal distress, Placenta abruptio, Umbilical cord problems, etc.

**PREGNANCY COMPLICATIONS THAT LEADS TO CAESAREAN:**

The leading indications responsible for 85% of caesarean deliveries include prior caesarean delivery, breech presentation, abnormal labour (*dystocia*), and foetal distress.<sup>(4)</sup> Below in Table-1 leading common indications have given.

[Table-1]		
Sr.No	Complications	Reasons for Caesarean
1	Previous caesarean section-	Caregivers disagree about how a woman should give birth if she had a caesarean in the past. The concern is with the fact that the woman's uterus has a scar, which can give way ( <i>rupture</i> ) in a future pregnancy or labour.

2	<b>Abnormalities of labour (dystocia)-</b>	Includes abnormal uterine contractions, infection in the maternal pelvis, or problems with the foetus that prolong labour such as a cephalo-pelvic disproportion or macrosomia.
3	<b>An abnormal position of the foetus-</b>	Such as breech, transverse, or with a brow/posterior face position in the uterus
4	<b>Multiple gestation-</b>	Performed for the safety of the multiple babies.
5	<b>Premature infant-</b>	May have to be delivered by caesarean section due to foetal or maternal complications.
6	<b>Erythroblastosis fetalis-</b>	Can result from a blood type incompatibility (such as Rh Incompatibility) between mother and foetus, and cause anaemia or haemolysis in the foetus.
7	<b>Umbilical cord Prolapses-</b>	The umbilical cord drops out through the Cervix before the foetus is delivered. This can compress the cord and interrupt the baby's blood supply.
8	<b>Malpositioned placenta-</b>	Placenta previa, Total previa.
9	<b>Abruptio placentae-</b>	Premature separation of the placenta from the uterine wall before delivery can result in loss of foetal blood supply as well as severe maternal haemorrhage.
10	<b>Maternal infections</b>	Such as HIV or genital herpes active at the time of labour,
11	<b>Pregnancy-induced hypertension-</b>	Pre-eclampsia or eclampsia, also called toxemia of pregnancy) may endanger both the mother and foetus.
12	<b>Diabetes mellitus -</b>	May pose significant foetal risk.
13	<b>Cervical cancer-</b>	Because dilation of the cervix could promote spread of the cancer.
14	<b>Cerebral aneurysm-</b>	History of cerebral haemorrhage in the mother can be an indication for caesarean because bearing down during labour puts the mother at risk for a stroke.
15	<b>Incompetent cervix-</b>	Sometimes the muscles of the cervix are weak, which results in repeated spontaneous abortions ( <i>miscarriages</i> ).
16	<b>Other-</b>	Narrow vaginal opening ( <i>vaginal atresia</i> ), failed medical induction of labour, pelvic tumours, or severe obesity, mal-presentations, twin gestations, congenital anomalies,

and foetal distress, including foetal heart rate abnormalities.

**Complications of Caesarean section:**<sup>(4,5)</sup>

Maternal complications: fever, infection of the uterus, Endometritis, infection of the incision, urinary tract infection, bladder or bowel injury, haemorrhage, shock secondary to haemorrhage, pulmonary embolism, hypertension . On occasion, hysterectomy must be performed if there is uncontrolled bleeding, uterine infection, or cancer.

Long-term complications: uterine rupture during subsequent labour.

**Risk:**<sup>(3, 5)</sup> because a c-section is a surgical procedure, it carries more risk to mother and baby, increased bleeding, infection of either incision, Endometritis. Long-term risks of caesarean section: Uterine rupture, Placenta previa, Placenta accreta, placenta increta, placenta percreta . These problems childbirth occur when the placenta grows deeper into the uterine wall than normal, can lead to severe bleeding after, and sometimes may require a hysterectomy.

**PREVENTION AGAINST (LOWER SEGMENT CAESAREAN SECTION) LSCS BY AYURVEDA**<sup>(6,7)</sup> :

From the first day of conception the pregnant woman should always remain in a happy mood, be clean, wear ornaments, dress in white clothes and partake in prayers for peace, good deeds and worship. Pregnancy is a time of great transformation when the amazing changes experienced, though natural, can be stressful if not managed properly. *Ayurveda* encourages mothers to adopt a nurturing daily routine and diet so she blossoms along with the flower of love flourishing inside her. Everything that affects the mother impacts on the baby thus she should surround herself with positive influences and avoid detri-

mental stimuli. When the expectant woman is showered with love, this filters through to the baby along with all other positive inputs. Hence, friends and family, especially the father, are encouraged to offer the pregnant woman any assistance and attention she needs, including help with domestic duties, massage, having fun or allowing her the stress-free solitude she may desire. Since a woman's brain literally shrinks during pregnancy and she is under the influence of fluctuating hormones those around her should be particularly sensitive and understanding of uncharacteristic mood swings or emotions

**AYURVEDA'S REGIMENS FOR PREGNANT LADY:**<sup>(6, 7)</sup>

*Ayurvedic* obstetrics recognised the different phases of foetal development thousands of years before modern imaging techniques existed. In order to support each developmental phase of the baby *Ayurvedic* doctors devised certain herbs and foods to be taken each month of pregnancy. These assist the child's physical and mental development as well as preventing congenital abnormalities. *Ayurvedic* advice on delivery (*Prasava Kala Paricharya*) emphasises the benefit of having the support of an attendant who has many children, is good hearted, hard working, service oriented, experienced in conducting a delivery, affectionate, cheerful, has good endurance and is able to keep a pregnant woman happy. To reduce the chance of disturbances during pregnancy *ayurveda's* art of obstetrics advises a regime for the pregnant woman to follow called *Garbhini Paricharya*. These reduce the risk of miscarriage, harm to the foetus and toxemia.

**Garbhini Paricharyas<sup>(6,7,8)</sup>**: Sushruta explains the following rules to be followed by the pregnant woman till the delivery. - Immediately on the ascertainment of her pregnancy the woman should avoid all kinds of physical labour, sexual intercourse, fasting, day sleep, late nights, indulgence in grief and fright, journey by carriage or any kind of conveyance that causes jerky movements.

-*Sneha karmas* (Oliation internal and external), *Rakta mokshana* (bloodletting), *Vegadharana* (controlling natural urges) are completely avoided.

- From the first day of conception the lady should be joyful, wear clean and white garment.

-Engage her in peace giving activities.

-Live in devotion to the gods, *brahmins*, elders and teachers.

-She should not touch/ come in contact with unclean, deformed, maimed persons.

-She should forego the use of fetid smelling things.

-Avoid dreadful sights, painful or agitating sounds and use of dry, stale, dirty food, long and distant walks from home to resorts, cremation grounds, solitary retreats, and sitting in the shadow of the tree should be absolutely forbidden.

-Indulgence in anger, fright or other agitating emotions of the mind should be deemed as injurious.

-To carry heavy loads, to talk in a loud voice should be refrained from.

-The practice of constant oil massage, *ud-wartanam* (rubbing or cleaning the body with fragrant unguents or powders), etc should be given up.

-Exercises which cause fatigue are discontinued.

-The couch and the bed of a pregnant woman should be low, soft, and guarded on all four sides.

-Her food should be sweet, palatable (*hridya*), well cooked, prepared with appetizing drugs, and *drava* (liquid consistency).

**Garbhopaghatakara bhavas (factors that damage the foetus) as follows :<sup>(9)</sup>** -The foetus dies in the womb or expelled out prematurely or dries up if the woman sits on rough, uneven or hard seat, suppresses urge of wind, urine, stools, undergoes strenuous exercises, takes hot food and eats very little food. -The foetus may delivered untimely by injury, compression, frequent looking at ditches, wells, waterfalls, travelling on a conveyance with excessive jerk, or hearing unpleasant words and loud sounds. -Constantly lying down in supine position, the umbilical cord gets twisted around the neck of foetus. -The pregnant woman who sleeps in open place and moving out in night gives birth to an insane. -If she indulges in quarrels and fights the progeny will be epileptic. -One indulged in sexual intercourse gives birth to an ill-physique, shameless progeny. -If she is always under grief, the child will be timid, underdeveloped or short lived

One thinking ill of others gives birth to a harmful, envious and woman devoted child. -Sleeping constantly will give birth to a drowsy, unwise child with a deficient digestive power. Taking wine constantly in pregnancy, child will be always thirsty, poor memory, unstable mind. One who uses pork regularly during pregnancy will have an offspring with red eyes, obstructed respiration and very rough body hair. Using fish constantly during pregnancy will have a progeny with delayed closure of eyes or stiff eyes.

One who uses sweet things constantly during pregnancy will give birth to an offspring suffering from *prameha* (Urinary disorders), dumbness and obesity. If she

uses sour things constantly during pregnancy, her offspring will suffer from internal haemorrhage, skin diseases and eye diseases. On using salt thing constantly the offspring will suffer from early wrinkles, premature greying of hairs and baldness. On using pungent things constantly the offspring will suffer from semen deficiency or infertility. The pregnant lady who takes bitter things constantly will give birth to *shoshi* (consumptive), weak and underdeveloped progeny. -The pregnant lady who uses astringent things constantly will give birth to a blackish progeny who

will also suffer from bloatedness of abdomen and *udavartha* (upward movement of wind in the abdomen). The offspring of a lady who used excess *godha mamsa* (Alligator) will suffer from *sharkara* and *ash-mari*. Renal or (bladder stone).

**Monthly regimens to be followed by pregnant lady (*masanumasika charya*)** <sup>:(6, 10,11)</sup>

In *Ayurveda* our *acharyas* has already mention the monthly regimen to follow in pregnancy for pregnant lady given below in Table-2.

[Table-2]		
Sr. No	Month	Masanumasika charyas (Monthly regimens)
1	First month	- <i>Anupaskrta sheeta dugdha</i> ( non processed cold milk ) in proper quantity. - <i>saatmya bhojana</i> , morning and evening. -take processed cold milk. -First 12 days should take <i>Ksheerodhbhava sarpi</i> (ghee extracted from milk) processed with <i>Shaliparni</i> and <i>Palasha</i> , followed by cold water which is pre boiled and cooled in golden or silver vessel.( <i>anupana</i> ). -should take liquid / semisolid <i>saatmya</i> food that has <i>madhra rasa</i> (sweet), <i>sheeta guna</i> (cold in potency), in the morning and evening. -Should not take <i>Abhyanga</i> (smearing the body with unctuous substance) and <i>udwarthanam</i> (rubbing the body with powders), and the <i>doshakara bhavas</i> (factors that damage the foetus) upto 5 <sup>th</sup> month. -should take <i>Madhura</i> (sweet), <i>Sheetala</i> (cold in potency) and <i>Drava aahara</i> (liquid food).
2	Second month	Should drink milk processed with <i>madura aushadhas</i> (sweet category drugs). ( <i>Vagbhatacharya</i> mentions the same.) <i>Sushruta</i> recommends <i>madhura</i> (sweet), <i>sheetala</i> (cold), <i>drava</i> (liquid) food, in second month also.
3	Third month	<i>Charaka</i> and <i>vagbhata</i> recommends processed milk along with <i>madhu</i> (honey) and <i>sarpi</i> (ghee). <i>Sushruta</i> recommends <i>Shastika shaali</i> (variety of rice grown in 60 days) with milk.
4	Fourth	<i>Charaka</i> says in the fourth month the pregnant lady should drink milk

	<b>month</b>	along with 1 <i>aksha</i> i.e. 12 gms of butter. <i>Sushruta</i> recommends her to drink milk with butter, eat <i>hridya</i> (desired) food along with <i>jangala</i> (wild) meat, <i>shashtika</i> rice with curd. <i>Vagbhata</i> advices to drink milk processed with sweet drugs along with one <i>aksha</i> quantity of butter.
5	<b>Fifth month</b>	<i>Charaka</i> and <i>Vagbhata</i> say in fifth month the lady should take ghee extracted from milk. <i>Sushruta</i> recommends <i>shashtika</i> rice with milk and <i>ksheera sarpi</i> (ghee extracted from milk).
6	<b>Sixth month</b>	<i>Charaka</i> and <i>Vagbhata</i> recommends the <i>ksheerasarpi</i> (ghee extracted from milk) processed with drugs of sweet category ( <i>madhura oushadha</i> ). <i>Sushruta</i> advices that in 6 <sup>th</sup> month she should take ghee processed with <i>Gokshura</i> in adequate quantity or <i>Yavagu</i> (gruel) prepared with <i>Gokshura</i> .
7	<b>Seventh month</b>	<i>Charaka</i> and <i>Vagbhata</i> advices to follow the regimen of 6 <sup>th</sup> month in the 7 <sup>th</sup> month. <i>Sushruta</i> recommends her to take a ghee processed with <i>Prithakparni</i> in 7 <sup>th</sup> month.
8	<b>Eighth month</b>	<p><i>Charaka</i> advices to take a gruel (<i>yavagu</i>) mixed with ghee and milk. <i>Vagbhata</i>'s regimen is similar to that of <i>Charaka</i>. Along with prescribes <i>Asthapana basti</i> (un-unctuous enema) using <i>Badara</i> leaf decoction, <i>palala</i> (Sesame paste), milk, curd, <i>mastu</i>, <i>thaila</i>, <i>lavana</i>, <i>Madanaphala</i>, ghee, <i>madhu</i>. It helps to clear the stagnated impurities inside the intestine. After wards an <i>anuvāsana basti</i> (unctuous enema) should be administered using <i>madhukadi madhura oushadha siddha taila</i> (oil prepared with sweet category of drugs) in order to make the wind to move in downward direction (<i>anuloma</i>) because the pregnant lady who's wind movement is in downward direction will deliver the baby without any difficulties.</p> <p>After the <i>basti</i> . The lady should take <i>ksheerayavagu</i> (gruel prepared with milk) mixed with meat soup till delivery.</p> <p><i>Sushruta</i> -advices to give <i>asthapana basti</i> to the pregnant lady in order to clear the retained impurities and to direct the wind in the downward direction. The <i>asthapana basti</i> is administered using the mixture of <i>badarodaka</i>, <i>bala</i>, <i>atibala</i>, <i>shatapushpa</i>, <i>palala</i>, <i>milk</i>, <i>curd</i>, <i>mastu</i>, <i>taila</i>, <i>lavana</i>, <i>madanaphala</i>, <i>honey</i>, <i>ghee</i>. After administering <i>asthapana basti</i>, <i>anuvāsana basti</i> should be given using the oil prepared with sweet category of drugs and milk.</p> <p>-She should take unctuous gruels and meat soup of wild animals internally till the delivery.</p>

<b>9</b>	<b>Ninth month</b>	<p><i>Charaka</i> advices to administer <i>anuvāsana basti</i>. Oil prepared with <i>madhura skandha</i> drugs is used for the unctuous enema. Also an advice to do <i>yoni pichu</i> (keeping the cotton swab dipped in oil in the vagina) with the same oil as it helps in oilating the <i>garbha sthana</i> (uterus) and <i>garbha marga</i> (vaginal canal).</p> <p><i>Vagbhata</i> recommends <i>yoni pichu</i> using the oil processed with sweet category drugs.</p> <p><i>Sushruta</i> the pregnant lady should enter the <i>Sootikagara</i>.</p>
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### **Pathya-Apathya:**<sup>(12)</sup>

During Pregnancy what type of diet has to be taken and particular diet should be avoided by pregnant lady has given below in pathya and apathy form in Table-3.

[Table-3]			
S. No.	Pathya (Things to do during pregnancy )	S. No.	Apathya (Things to avoid during pregnancy)
1	Sleep before 10am and arise before 6.30am. Women with regular sleep patterns were found to have babies with similar habits.	1	Constipating, drying foods such as spinach, dried fruit, potatoes and bitter tasting items, Heavy, hot, pungent or fermented (sour) food.
2	Practice daily self-massage with warm sesame oil or <i>herbalised</i> oil such as <i>Dhanwantaram Thailam</i> . Massage should be done in a warm, quiet room with pleasant music playing. Use an open palm rather than fingertips and apply long strokes on long bones and circular strokes around the joints. Spend more time on painful areas but be careful to be gentle on the abdominal region where it is best to softly stroke in a clockwise direction around the naval. This reduces stress marks, soothes the neuromuscular system	2	Overeating, irregular eating or fasting.
		3	Exposure to extreme emotions such as anger, excitement, fear and grief.
		4	Excessive exposure to pollution and electromagnetic energy including computer and television screens.
		5	Alcohol, drugs and caffeine, Hot baths, Deep bodywork.
		6	Excessive sun and wind.
		7	Heavy, jerky exercise, weights, wearing high heels.
		8	Physical and emotional strain.
		9	Exposure to sick people.
3	Wear loosing fitting clothes of	10	Excess of any taste. This can have serious

	natural fibres and comfortable shoes.		repercussions on the baby's health.
4	Enjoy at least twenty minutes of fresh air and sunshine daily	11	Wearing red, Sitting on hard surfaces.
5	Practice gentle <i>yoga</i> , pelvic floor exercises and <i>pranayama</i> as guided by a qualified teacher. This promotes a peaceful mind and a strong, flexible body, preventing problems during pregnancy and delivery whilst hastening post-natal recovery.	12	Sleeping regularly during the day.
		13	Suppression of natural urges (such as sneezing or burping).
		14	Exposure to an eclipse.
		15	Looking down from a great height or into canyons.
6	Practice daily <i>prayer</i> , <i>yoga nidra</i> and <i>meditation</i> . This unifies one's physical, mental and spiritual self, creating a better biochemical environment for the child to thrive in. A relaxed mind supports a relaxed body as proven in studies that showed meditation decreases the stress hormone cortisol significantly.	16	Vomiting therapy and blood letting.
		17	Sleeping supine with outstretched extremities as this may cause the umbilicus to tie around the baby's neck.
7	Wear calming, cooling sandalwood essential oil.	18	Sex, especially in the first four months as it may harm the foetus or strain the mother.
8	Observe the personalized dietary guidelines as prescribed by an <i>ayurvedic</i> physician or follow basic nutrition tips.	19	Vitamin C more than 1000mg (1gm) per day and -Vitamin A (retinol) intake is dangerous for the foetus therefore should be avoided during pregnancy.

## DISCUSSION

1) From above study it is clear that today's life style has been completely changed for everyone. Due to excessive work load, competition and lack of time for their own, causing various diseases, especially in women who want to be pregnant, hence necessity is that she should changed her lifestyle.

2) In this competitive world because of not getting much of time for her health causing

lots of gynaecological and obstetrics problem during pregnancy such as infertility, late pregnancies with different complications are increasing different problems in normal vaginal delivery that reducing the chances of normal vaginal delivery and leading to increased caesarean sections. 3) We found that c-section rate is so high because of some following reasons-  
i) Under-use of care that can enhance the natural progress of labour and birth.

ii) More and more hospitals and caregivers are adopting a 'no-VBAC' policy (no vaginal birth after caesarean), and a woman who wants a VBAC may be unable to have one due to these restrictions.

iii) Loss of skills or unwillingness to offer vaginal birth to women in some situations.

4) The pregnant woman who will follow above *ayurveda* regimens will have a *mridu* (soft) *kukshi* (abdomen), *kati* (hips), *parshwa* (waist), *prista* (back), skin and nails. Her *bala* (physical strength as well as immunity) and complexion will also improve. *Vayu* will move in downward direction. Her *mala* (stools), *mootra* (urine) and *jarayu* (amniotic membrane) will be expelled out through their respective routes without complications. She will give birth to a *icchita* (desired), *shrestha* (famous), *deerghayau* (long life span), and *nirogi* (healthy) baby easily.

5) Hence the woman desiring excellent progeny should particularly refrain from unwholesome diet and behaviour. In such a way if pregnant women follows *Ayurveda* in day to day life routinely from before conception to up to full term so there will minimum chances of problems during pregnancy that will increase the chances of normal vaginal delivery automatically and reduce the chances of caesarean section.

## CONCLUSION

From above study we conclude that

- 1- Today's fast changing life is affecting the women's health, specially health of pregnant women, because of this before conception, from conception to up to full conception, and during labour she is suffering from lots of physical complications that leads to difficulty in vaginal delivery or normal labour.
- 2- This conceptual study will be helpful in this changing and faster life to create

awareness in pregnant women by following *Ayurveda* in day to day life to prevent increasing prevalence of caesarean section. It will also help in motivating the pregnant women for giving birth by Normal vaginal delivery as caesarean section having risk and complications after surgery for lifetime

## REFERENCES

1. Ambikadatta Shastri. Sushruta Samhita (ayurved tatva sandipika hindi commentary). Ambikadatta Shastri. Chikitsasthana: Mudhgarbha chikitsa adhyay/1. Chaukhamba Sanskrit Sansthan Varanasi; 2010. p. 01.
2. Ambikadutta Shastri. Sushruta Samhita (ayurved tatva sandipika hindi commentary). Ambikadutta Shastri. Nidaan sthaan: Mudhgarbha nidaan adhyay/16. Chaukhamba Sanskrit sansthan Varanasi; 2010.p. 340.
3. THE FREE DICTIONARY BY FARIEX: Medical Dictionary:caesarean section, Available from: <http://www.medical-dictionary-the-free-dictionary.com/caesarean+section>.
4. Disability Guidelines.powered by MDGuidelines & ACDEM: Caesarean Delivery-Medical Disability Guidelines,3 Aug 2009[c 15 sep 2009], Available from: <http://www.mdguidelines.com/caesarean-delivery>.
5. WebMD: Health & pregnancy: Caesarean Section-Why it is done, 23 Feb 2012, produced by National cancer Institute (NCI), Available from: <http://www.webmd.com/baby/tc/caesarean-section-credits>.
6. Ambikadutta shastri. Sushruta Samhita (Ayurved tatva sandipika hindi commentary). Ambikadatta shastri. Sharir sthana: Garbhini vyakaran sharir

- adhyay, Garbhini samanya niyam/2. Chaukhamba Sanskrit sansthan Varanasi; 2010. P. 01.
7. Bhaskar Govind Ghanekar. Sushruta Samhita (Sanskrit text with Ayurveda-rahasyadipika hindi commentary). Bhaskar Govind Ghanekar. Sharir sthana: Garbhini vyakaranamshariropkrama adhyay, masanumasik charya/2, 3. Meherchand Lachhmandas publication New delhi; Aug 2007. p. 246-248.
  8. VEDIC SOCIETY ETERNAL WISDOM FOR TODAY, 21 June, 2010, garbhini charyas (Regimens for pregnant lady), Available from: [http://www.vedic\\_society.org/garbhini-charyas-regimens-for-pregnant-lady-a-340.html](http://www.vedic_society.org/garbhini-charyas-regimens-for-pregnant-lady-a-340.html).
  9. Agnivesha. Charak samhita (Vaidya-manorama hindi commentary). Vidyadhar shukla and Ravi dutt tripathi. Sharir sthana: Mahatigarbhavkranti adhyay, garbhopaghatkara bhava/18. Chaukhamba Sanskrit Pratisthan, Delhi; 2006. p. 731.
  10. Agnivesha. Charak samhita (Vaidya-manorama hindi commentary). Vidyadhar shukla and Ravi dutt tripathi. Sharir sthana: jatisutriya shariradhyay/21. Chaukhamba sanskrit pratisthan, Delhi; 2006. p. 780.
  11. Vagbhata. Ashtang Hridaya ('Nirmala' Hindi Commentry). Brahmaananda Tripathi. Sharir Sthana: Garbhavkranti shariradhyaya/44-47, 64, 65, 67. Chaukhamba Sanskrit pratisthan, Delhi; 2009. p. 346, 349, 350.
  12. Dr. Rama Prasad, Caroline Robertson: Divine Delivery, Available from: <http://www.ayurvedaelements.com/articledivinedelivery.php>.
  13. CHILDBIRTH CONNECTION a program of the national partnership for

women & families: C-section: Caesarean Section Delivery Information for women, 25 Apr 2014, vaginal or caesarean Birth: why is the C-section rate so high? Available from: <http://www.childbirthconnection.org/caesarean/>.

#### **CORRESPONDING AUTHOR**

##### **Dr. Atram Pratibha KamlaKare**

Assistant Professor, Rachana Sharir Dept, Bhausaheb Mulak Ayurved College, Nandanwan, Nagpur, Maharashtra, India

**Email:** [Pratibhaatram1986@gmail.com](mailto:Pratibhaatram1986@gmail.com)

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