

EFFECT OF ANUVASANA BASTI AND YONI PICHU IN SUKH PRASAVA & REDUCING POSTPARTUM COMPLICATIONS

Dr. Sachin Mittal¹, Dr. Rajesh Gupta²

¹ PG Scholar, ²HOD;

Department of *Shalaya Tantra*, Dr.Sarvapalli Radhakrishanan Rajasthan, *Ayurved* University
Jodhpur Rajasthan, India

ABSTRACT

Delivery is a very typical process in a woman's life span. Every woman expects a normal delivery in her life, which is safe for her and the baby. Normal delivery is not only safe for the lady but also prevents post-partum complications. But, now a days, it is seen that due to changes of life style, culture, food habits and hectic schedule of working ladies, Caesarian Section has become a common occurrence in the society. Therefore, need is to adopt a procedure during pregnancy itself, that helps increase not only occurrence of Normal Delivery but also reduces problems after the delivery. In Ayurveda, according to Acharyas, especially, Acharya Sushruta, *Anuvasanabasti* and *pichu*, as described in *Garbhini Paricharya* (antenatal care), in 9th month of pregnancy, plays an important role in normal delivery. *Yonipichu* helps to provide lubrication to genital tract and *Anuvasnabasti* is used for *vatanulomana* and for smoothness of pelvic region and related organs. This paper emphasizes on using *anuvasanbasti* and *pichu* in 9th month of pregnancy, as both of these Ayurvedic procedures play an effective role in bringing *sukhprasava* and reducing post-partum complications.

Keywords: normal delivery, Ayurveda, *garbhiniparicharya*, *yonipichu*, *anuvasanabasti*,

INTRODUCTION

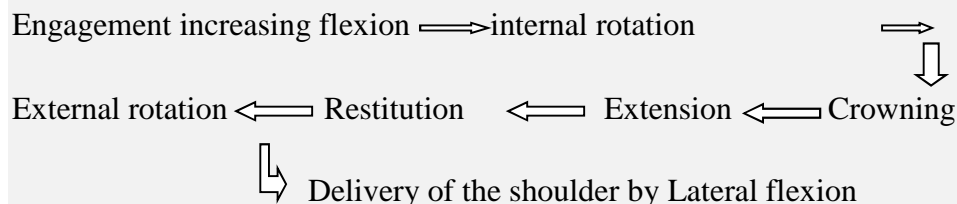
The child birth should be an event of joy and satisfaction. Maintenance of health of the women and wellbeing of the foetus is the aim of antenatal care. Series of events take place in the genital organs in an effort that take place in the genital organs in an effort to expel the viable product of conception out of womb through vagina into the outer world is called labour. Labour is called normal when the onset is spontaneous, at term, with vertex presentation, without undue

prolongation, natural termination with minimal aids and without having any complication affecting the health of the mother and the baby. Expected mother always wishes to have a normal delivery which is valid and safe. Simultaneously with good maternal care during pregnancy and labour, foetus is also taken care of. But now a day's incidence of caesarean section is high due to cultural changes, more anxiety at the time of labor and obstetricians fear of litiga-

tion. These cases raise the percentage of cesarean section to bring about safe and normal delivery with healthy baby. Ayurvedic paricharyas have a positive effect. Acharyas in our classical texts explained Garbhini paricharya in *navam masa* in form of yoni

pichu which favors *snighdta* to *garbhashayamarga* and *Anuvasnabastifa* favoring *vatanuloman* particularly *vayu*, which performs *Sukhaprasava* and reduces postpartum complications.

Physiology of Delivery¹:-



Complication during delivery²:-

- Prolonged labor
- Obstructed labor
- Dystocia
- Post-partum hemorrhage
- Injuries of birth canal

Types of abnormal delivery and their

Drawbacks:-

- Forceps delivery
- Vacuum delivery
- Caesarean section.

Complications:-1. forceps delivery

Maternal	Fetal
Immediate:- <ul style="list-style-type: none"> • Injury • Nerve injury • Pph • Anesthetic complications • Puerperal sepsis and maternal morbidity. • Remote:- 	Immediate <ul style="list-style-type: none"> • Asphyxia • Facial bruising • Facial palsy • Hemorrhage • Skull fractures • Remote
<ul style="list-style-type: none"> • Painful perineal scars • Low back ache • Genital prolaps 	<ul style="list-style-type: none"> • Cerebral or spastic palsy due to residual cerebral injury

2. Ventous/vacuum delivery:-

❖ Neonate	❖ Maternal
<ul style="list-style-type: none"> • Superficial scalp abrasion • Cephalohematoma • Sub-aponeurotic hemorrhage • Intracranial hemorrhage • Retinal hemorrhage • Jaundice 	<ul style="list-style-type: none"> • Cervix or vaginal wall injury

3. Cesarean section:-

Intra-operative	Post-operative
<ul style="list-style-type: none"> uterine lacerations bladder injury GIT injury hemorrhage morbid adherent placenta 	<ul style="list-style-type: none"> PPH Shock Infection Intestinal obstruction Deep vein thrombosis Retinal hemorrhage Jaundice Chronic pelvic infection

PrasavaVyapada According to Ayurveda:-

1. KalateetPrasava[Prolonged Labour]:-

Acc.to Ayurveda this condition is mainly seen in case of *upvistaka, nagodara, leengarbha, moodhagarha etc.*

2. Garbhasanga [Retention of foetus]:-

3. Aparasanga [Retention of placenta]:-

If placenta does not come out after 30 minutes of delivery, it is known as retention of palcenta. According to aacharya Susuruta, the complications of *aprasanga* are **Aanah and 4.Aadhman.**

According to above discussion we see that there are so many problems which are faced by a lady during normal as well as abnormal delivery. This paper focuses that if *anuvastana vasti* and *pichu* are administrated in 9th month of pregnancy, we can reduce chances of abnormal delivery and post-partum complications.

Classical Review of Anuvasana Basti and Pichu administration during Pregnancy:-

❖ **Acc to AacharyaSusuruta:-** Aacharyasusuruta has indicated *anuvastanabasti* in 8th month of pregnancy during *garbhiniparicharya* in *sarirasthan* chapter no.10.

❖ **Acc to Aacharyacharak:-** Aacharya charak has indicated *anuvastanabasti* and

yoni pichu in 9th month of pregnancy during *garbhiniparicharya* in *sarirasthan* chapter no.8

Administration Criteria for Using Anuvasanabasti and Pichu:-

❖ AnuvasanaBasti:

[a]Time period:-From the first day of 9th month twice a week till delivery.

[b]Dose:-50ml

❖ Yoni Pichu :-

[a]Time period:-At night daily from 9th month till delivery

[b]Dose:-10ml

Effect of Basti and Pichu on Prasava:-

Basti is considered as the *paramoushadhi* of *vata*.⁴*Basti* is indicated where *vayu* plays a pathological role. But here in case of pregnant woman, *basti* is indicated to prevent the pathogenicity of *vayu*. *Apanavayu* plays an important role along with *vyanavayu* in act of contraction and relaxation of uterus, and in expulsion of foetus. *Vyanavayu* is situated in whole body, said to cause *gati* (motion), *akshepa* (contraction), *prasarana* (relaxation) etc.⁵When proper time of *prasava* comes, the *vyanavayu* stimulates the act of contraction and relaxation in the uterine muscles and due to it, *apanavayu* becomes active to expel the *Garbha* outside the *garbhasya*. In the next context of mecha-

nism of normal labour Acharya Charaka has used a term *Prasutimaruta*. *Prasutimaruta* is nothing but it can be considered as sub type of *Apanavayu*, having a special function of *Garbha Niskramana*.

Acharya charak mentions that *basti* by reaching up to umbilical region (transverse colon), sacroiliac region (rectum), flanks and hypochondriac region (ascending and descending colon) and churning up of fecal and morbid matter present there in and at the same time by spreading its unctuous effect in the whole body, draws out the fecal and morbid matter with ease.⁶ It has been further mentioned that while lying in the *pakvasya* (colon) due to its *veerya* it draws the morbid matter lodged in the entire body from foot to the head, just as the sun situated in the sky sucks up to moisture from the earth.⁷

Acharya Susurta says that *veerya* of *Basti* acts over the whole body through the intervention of *apana* and other *vayus*. Medicines duly administered through the rectum with the help of *basti* remains in *pakvasya* in the region of pelvis and below the umbilical regions where from the *veerya* of *basti* medicines spreads all over body just as the water poured at the root reaches all parts of tree thus been through micro and macro channels.⁸ *Basti* alone has been unanimously claimed as half treatment of the disease.⁹

Anuvasnabasti is *SnehaBasti*, due to *snehana* property, the abdomen, flanks, sacrum and all the genital organs becomes *snigdha*. The *snigdha* property removes the *rukshata* of *vayu* and thus it control exaggerated *vata*. At the same time for expulsion of foetus, the stretching of ligament is very much essential, when the *vayu* is in its normal direction and when the muscles and ligaments have *snigdha* property, than the expulsion of foetus

from the birth canal is not that much difficult, So, in pregnant woman the *prakutaapana* and *vyanavayu* are very much essential for normal delivery. At the time of parturition, if anyone of these are vitiated, I will lead to *tovilambitaprasava*, *moodgarbha* etc, which convert the *prasava* from normal to abnormal. It is necessary to keep these *vayus* in their *prakritavastha*. For that acharyas have instructed *basti*. *Soanuvasanavasti* facilitate *prakrita* and *sukhaprasava*.

CONCLUSION

Great things can be achieved only with labour. To attain the unlimited happiness of motherhood also, labour is very much essential. But the labour should be natural and bearable. When the foetus is expelled out through vagina with less duration and intensity of pain to mother, it is called *prakrita* and *sukh prasava*. To get the fruitful outcome of nature, Acharya charak has advised *garbhiniparicharya* from conception till delivery, which includes administration of *anuvasanabasti* and use of *yonipichu* in *navamasa*. This ayurvedic regimen improves the physical and psychological condition of pregnant women and makes their body suitable for *sukh prasava*. Hence it can be concluded above results proper administration of *anuvasanabasti* along with the use of *yonipichu* in *navam masa* reduce the exhaustion of *prasava* and makes pregnant women physically and psychologically strong. So, proper administration of *Anuvasanabasti* and use of *yonipichu* in 9th month should be done to remove the fear of *labour* pain in pregnant women.

REFERENCES:-

1. Dutta D.C, Text book of obstetrics, Edited by Hiralal Konar, published by

- New Central Book Agency(P) Ltd.Kolkata ,Seventh Edition2010,Page no.127
2. Dutta D.C,Text book of obstetrics ,Edited by HiralalKonar,published by New Central Book Agency(P) Ltd.Kolkata ,Seventh Edition2010,Page no.401-410
 3. Dutta D.C,Text book of obstetrics ,Edited by HiralalKonar,published by New Central Book Agency(P) Ltd.Kolkata ,Seventh Edition2010,Page no.579,582,596.
 4. Shastri Kasinath & Chaturvedi Gorakhnath, Ed.Charaksamhita of agnivesha revised by Charaka & Drudhabala with introduction of srisatyanarayanasastri, ElaboratedVidyotini Hindi commentary, Vol 2, Chaukhambha BhartiAcademy, Varanasi (india),at page no.777, (Reprint2007).
 5. Shastri Kasinath & Chaturvedi Gorakhnath, Ed. Charaksamhita of Agnivesha revised by Charaka & Drudhabala with introduction of srisatyanarayanasastri, Elaborated Vidyotini Hindi commentary, Vol 2,Chaukhambha Bharti Academy,Varanasi (india),at page no.971, (Reprint2007).
 6. Shastri Kasinath & Chaturvedi Gorakhnath, Ed. Charaksamhita of Agnivesha revised by Charaka & Drudhabala with introduction of srisatyanarayanasastri, Elaborated Vidyotini Hindi commentary, Vol 2,Chaukhambha BhartiAcademy,Varanasi(india),at page no.1042,(Reprint2007).
 7. Sushurutasamhita edited with Ayurveda TatvaSandipika Hindi commentary by Kaviraj Ambikadutt Shastri, Published by-ChaukhambaBharati Sanskrit Sansthan Varanasi,Part-1,Chapter 35,Verse no.25-26,Reprint 2006 at Page no.155.SushrutChikitsa
 8. Shastri Kasinath & Chaturvedi Gorakhnath, Ed. Charaksamhita of agnivesha revised by Charaka & Drudhabala with introduction of srisatyanarayanasastri,ElaboratedVidyotini Hindi commentary, Vol 2, Published by-Chaukhambha Bharti Academy, Varanasi (india), at page no.971, (Reprint2007).
 9. Shastri Kasinath & Chaturvedi Gorakhnath, Ed.Charaksamhita of agnivesha revised by Charaka & Drudhabala with introduction of srisatyanarayanasastri, ElaboratedVidyotini Hindi commentary, Vol 2, Published by- Chaukhambha Bharti Academy, Varanasi (india),at page no.939,(Reprint2007)

CORRESPONDING AUTHOR

Dr. Sachin Mittal

PG Scholar

Department of *Shalaya Tantra*,

Dr.Sarvapalli Radhakrishanan Rajasthan,

Ayurved University;

Jodhpur Rajasthan, India

Email:sachin91mittal@gmail.com

Source of Support: Nil

Conflict of Interest: None Declared