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

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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-

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 Anuvasnasabasti 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, garbhini paricharya, yonipichu, anuvasanabasti,
Physiology of Delivery¹:-

Engagement increasing flexion $\leftrightarrow$ internal rotation

External rotation $\leftrightarrow$ Restitution $\leftrightarrow$ Extension $\leftrightarrow$ Crowning

Delivery of the shoulder by Lateral flexion

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

<table>
<thead>
<tr>
<th>Maternal</th>
<th>Fetal</th>
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<tr>
<td>Immediate:-</td>
<td>Immediate</td>
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<tr>
<td>- Injury</td>
<td>- Asphyxia</td>
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<tr>
<td>- Nerve injury</td>
<td>- Facial bruising</td>
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<tr>
<td>- Pph</td>
<td>- Facial palsy</td>
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<tr>
<td>- Anesthetic complications</td>
<td>- Hemorrhage</td>
</tr>
<tr>
<td>- Puerperal sepsis and maternal morbidity.</td>
<td>- Skull fractures</td>
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<tr>
<td>- Remote:-</td>
<td>- Remote</td>
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<tr>
<td>- Painful perineal scars</td>
<td>- Cerebral or spastic palsy due to residual cerebral injury</td>
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<tr>
<td>- Low back ache</td>
<td></td>
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<tr>
<td>- Genital prolaps</td>
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2. Ventous/vacuum delivery:-

- Neoneate
  - Superficial scalp abrasion
  - Cephalohematoma
  - Sub-aponeurotic hemorrhage
  - Intracranial hemorrhage
  - Retinal hemorrhage
  - Jaundice

- Maternal
  - Cervix or vaginal wall injury
3. Cesarean section:-

<table>
<thead>
<tr>
<th>Intra-operative</th>
<th>Post-operative</th>
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</thead>
<tbody>
<tr>
<td>• uterine lacerations</td>
<td>• PPH</td>
</tr>
<tr>
<td>• bladder injury</td>
<td>• Shock</td>
</tr>
<tr>
<td>• GIT injury</td>
<td>• Infection</td>
</tr>
<tr>
<td>• hemorrhage</td>
<td>• Intestinal obstruction</td>
</tr>
<tr>
<td>• morbid adherent placenta</td>
<td>• Deep vein thrombosis</td>
</tr>
</tbody>
</table>

PrasavaVyapada According to Ayurveda:-

1. KalateetPrasava[Prolonged Labour]:-
   Acc.to Ayurveda this condition is mainly seen in case of upvistaka, nagodara, leengarbh, moodhagarba 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 placenta. 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 anuvasa-na vasti and pichu are administrated in 9th month of pregnancy, we can reduce chances of abnormal delivery and post-partum complications.

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

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

   ❖ Acc to Aacharyacharak:-
     Aacharya charak has indicated anuvasanabasti and yoni pichu in 9th month of pregnancy during garbhini paricharya in sarirsthan 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. Bastiís 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), akshepsa (contraction), prasarana (relaxation) etc. When proper time of prasavacomes, 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.

Aacharya 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. 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.

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. Basti alone has been unanimously claimed as half treatment of the disease.

Anuvasnabasti is Snehastha Basti, due to snehana property, the abdomen, flanks, sacrum and all the genital organs becomes snigdha. The snigdha property removes the ruksha 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 vilambita prasava, moodgarbhaetc, which convert the prasava from normal to abnormal. It is necessary to keep these vayus in their prakritavastha. For that acharyas have instructed basti. So anuvasanavasti 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, Acharyacharak has advised garbhiniparicharya from conception till delivery, which includes administration of anuvasanabasti and use of yonipichu in navammasa. 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 yoni pichu in navammasa reduce the exhaustion of prasava and makes pregnant women physically and psychologically strong. So, proper administration of Anuvasanabasti and use of yoni Pichu in 9th month should be done to remove the fear of labour pain in pregnant women.

REFERENCES:


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