

ROLE OF BALA TAILA MATRA BASTI AND YONI PICHU IN SUKH PRASAVA: A CASE STUDY

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ABSTRACT

Background: A 20 years old woman first visited the NIA OPD on 20th August 2018 for antenatal checkup. She was in four and half month of her pregnancy. **Methodology:** She attended the antenatal clinic regularly, and complied with Ayurveda medication - *Prawal pishti*, *Lavan bhaskar churna* & *Satavari churna* with milk, with prenatal advice given to her from time to time. She had no obstetric or medical problems during her pregnancy. *Bala taila Matra Basti* started from 37 weeks, was given twice weekly for consecutive two weeks. Then followed by *Bala taila Yoni Pichu* two hourly from active phase of labor to fill dilatation of cervix. **Results:** A FTND with RMLE an alive healthy Female child of weight. 3.1 kgs delivered as vertex presentation on 07/01/2019 at 8:13AM.

Keywords: *Apana vayu*, *Garbha nishkramana*, *Prajasthapana*, *brmhaniya*

INTRODUCTION

In a woman's life, motherhood is a crowning act. Every woman tries to enter in this new world of mother with minimum pain, operative aids, and complications. As childbearing and delivery are physiological phenomenon and any abnormality in courses of labor can affect women health not only for that time being but also through her life. That's why for good health of mother and baby *Sukhprasava* is important. Labor is a painful experience with extreme uterine contractions and retractions, which is said to be under the action of *prasuti maruta*. For *Sukhprasava*, *vata dosa*

should be in *prakrit* state. If *vata* is not maintained during pregnancy it will lead to abnormalities during *prasava*. Keeping this in mind *Acharyas* have stated *Anuvsana Basti* and *Yoni Pichu* in 9th month for preventing *vata vikriti* and facilitates normal labor. As *Anuvasana Basti* favors *vatanulomana*, particularly *apanavayu*, which performs *garbha nishkramana* and *Yoni Pichu* favors *snigdhatata* to muscles and ligaments of *garbhashaya*¹, hence the expulsion of fetus is not much difficult.

Need of the Study-

1. The number of caesarean section deliveries in India has more than doubled in past decade. Caesarean section rate going up from 17.2% of total births in 2015-16 to 28.3% in 2017¹. Hence, need is to adopt a procedure during pregnancy itself, that helps increase not only occurrence of normal vaginal delivery but also reduces problems of major surgery and its associated risks like scarring, severe bleeding, infection and reactions to anesthesia.

2. Labor is a natural physiological process and it is observed that the time taken for normal labor in primigravida is 12-14 hours and 6-8 hours in multiparas. The latent phase of labor should not exceed more than 8 hours in primigravida and 4 hours in multiparas². Thus, any intervention that eases and augments labor is well accepted, providing comfort to mother and foetus. Hence, to avoid prolonged labor, we are using *Anuvasana Basti* and *Yoni Pichu*.

3. The use of Oxytocic drugs during labor causes distress and harmful effect to mother and fetus. Common side effects of these drugs in mother include irritation at the injection site, appetite loss, nausea, vomiting and cramping. These drugs cause general side effects in fetus i.e. low APGAR score at 5 minutes². Hence, to reduce the use of such drugs and to carry out normal vaginal delivery (*Sukhprasava*) with minimum aids, it is an effort to reduce complications, before and during delivery, as well as in early puerperium.

Aim: To study the effect of *Bala taila Matra Basti & Yoni Pichu* in *Sukhprasava*.

Objectives:

1. To facilitate *Prasava* (Smooth delivery) & to prevent injury of lower genital tract, uterine atony.
2. To observe the outcome of different stages of labor.
3. To prevent the complications of labor like post-partum hemorrhage.

Type of Study- Observational single case design without control group.

Materials and Methods

1. Literary Study

Literary references collected from *Ayurveda* i.e. classics, commentaries, modern literatures, research journals available in institute library, online portals like PubMed central, Ayush research portal, Google scholar and analyzed to frame conceptual work.

2. Case Study -Selection of the patient

Routine ANC patient selected from OPD of NIA, Jaipur who was ready to give written voluntary informed consent before starting the trial.

Study Details-

Name of Patient - XXX; Registration no. - 76/3607012019; **Date of 1st visit**- 20.8.2018; **Age**- 20 years;

Gender- Female; **Religion**- Hindu; **Occupation**- Housewife

Chief complaints-

Amenorrhea since last 9 months; labor pains since night (11:00 pm);

No H/O leaking P/V; No H/O Bleeding P/V

History of Present Pregnancy-

According to patient she was asymptomatic before 9 months. Then she developed the complaint of amenorrhea. She found her UPT +ve. She came to NIA *Prasuti* OPD for regular ANC work up. *Bala taila Matra basti* (60ml) was given to patient twice weekly for consecutive two weeks, after completion of 37 weeks. She came with labor pains since 2:00am on 7/1/19 and admitted in NIA IPD ward under *Prasuti* department for further management.

History of the Patient-

Personal History-

- Diet- Mixed
- Appetite- Satisfactory intake
- Bowels- No complaints
- Micturition- No complaints
- Sleep- Sound
- Medications- Nil
- Habits- No history of using alcohol or tobacco.

Medical & Surgical History –

Not Significant.

Family History-

Not Significant.

Menstrual & Marital History-

- Menarche at age of 13 years.

- Past Menstrual cycles: 3-4/ 28-30 days. Regular, moderate flow and painless.
- Last menstrual period (LMP): 5th April 2018.
- Expected Date of Delivery (EDD): 20th January 2019.

Obstetric History- O/H- G2 P0 L0 A1

G1- Induced abortion of 2-months X 1 year before;
G2- Present pregnancy;
Married life: 2year; Active Married life: 2year

Physical Examination-

General Examination- Height- 155cm; Weight- 55 kg; TPR- Normal; B.P- 110/70 mm Hg; Averagely built and nourished; Pallor- Nil; No Pedal edema; Nails, tongue and conjunctiva- Pink; No evidence of lymphadenopathy; No evidence of any icterus

Systemic Examination- Cardio-vascular system, Respiratory system and Central nervous system were normal.

Prenatal Advice

- The patient was advised to consume an adequate mixed diet, to include two glasses of milk, fruits, green leafy vegetables and chicken/eggs. To drink properly sterilized water. Avoid eating out, deep fried food, highly spiced or preserved foods. Avoid excess of tea or coffee³.
- Avoid unnecessary travel.
- Avoid strenuous physical work.
- Adequate bed rest.
- Appointment made for visit for prenatal investigations.
- *Prawal Pishti* -500 mg BD, *Godanti bhasma*- 500 mg BD, *Lavana bhaskar churna* -2 gm after food & *Satavari churna* 3 gm with Milk was advised.

- To come for monthly check-ups up to 28 weeks gestation, every 15 days up to 36 weeks and weekly thereafter until term.
- Patient explained to look out for any warning signs of danger and to immediately report any bleeding, undue swelling of feet, face or fingers, visual disturbances, severe headache, presence of any unusual vaginal discharge, diminished fetal movements or any other unexpected events or complaints of concern at any time.

Antenatal Investigations-

• **Hemoglobin:**

- (a) 12 g% (26th May)
- (b) 10 g% (6th July)
- (c) 11.1 g% (27th November)
- (d) 11.25 g% (1st January)
- Blood group & Rh type: ‘B’ Rh Positive
- Urine routine: Normal
- Random Blood Sugar (RBS): 81 mg%
- VDRL test: Non-reactive
- Australia antigen (HBsAg) test: Non-reactive
- HIV screening: Negative
- TSH screening: 3.9 µ IU/ml (Normal)
- Ultrasound Scans:
 - (a) Scan on 22nd September 2018 revealed single live gestation with gestational age 23-24 weeks. Placenta- anterior lower segment grade-I, adequate liquor present, EFW- 706gm.
 - (b) Scan on 28th November 2018 revealed single live gestation with gestational age 33-34 weeks. Placenta- anterior grade-II, adequate liquor present, EFW- 2259gm.

Table 1: Schedule of *Bala Taila Matra Basti*-

DATE	Period Of Gestation	<i>Bala Taila Matra Basti</i>
20/12/2018	37 weeks	60 ml
24/12/2018	37 weeks 4 day	60 ml
28/12/2018	38 weeks 1 day	60 ml
01/01/2019	38 weeks 5 day	60 ml
05/01/2019	39 weeks 2 day	60 ml

Table 2: Labor Record-

TIME	BP	FHR	Contractions	Others
7/1/19 2.30 AM	110/70 mmHg	142 bpm	2- 35 sec 30 sec	P/V- <ul style="list-style-type: none"> • 4-5cm cervix dilatation • 30-40% effacement. • Head at -2 station. • <i>Bala taila Yoni pichu</i> applied.
4.30 AM	120/80 mmHg	140 bpm	2- 30 sec 35 sec	-
5.30 AM	120/80 mmHg	140 bpm	3- 40sec 35sec 35sec	P/V- <ul style="list-style-type: none"> • 6-7cms dilatation • 60-70% effacement • Head at 0 station • Membrane + • <i>Bala taila Yoni Pichu</i> applied again.
6.30 AM	110/80 mmHg	144 bpm	4- 40 sec 45 sec 40 sec 35 sec	-
7.30 AM	110/70 mmHg	148 Bpm	4- 45 sec 45 sec 40 sec 40 sec	P/V- <ul style="list-style-type: none"> • Cervix fully dilated, fully effaced • Bag of membrane- absent • Liquor- clear.

Observations & Results

Pain threshold during labor was moderate. Bearing down efforts (*Pravahana*) – good effort. A Full term normal vaginal delivery (POG- 39 Weeks 4 days), an alive healthy Female child delivered as vertex presentation of weight 3.1 kgs at 8.13 am on 07/01/2019. The baby cried well at birth, was pink in colour and the baby was active. APGAR Score at the end of 1 min and 5 min was satisfactory. The lower genital tract was meticulously inspected. There was no injury apart from the episiotomy, which was sutured in layers. As *Bala taila Matra Basti* favours *vatanulomana*, particularly *apanavayu*, which performs *garbha nishkramana* and *Yoni Pichu* favours *snigdhatta* to muscles and ligaments of *garbhashaya*, hence the expulsion of foetus is not much difficult.

The patient was closely watched for the next 2 hours after delivery. As the uterus was well contracted, there was no undue bleeding from the genital tract and her vital signs were satisfactory and stable. There were no complaints of after pains.

DISCUSSION

Application of *Bala taila matra basti & yoni pichu* provides strength to perineal muscles; it encourages cervical effacement and dilatation. It shortens the duration of labour. It prevents from *apana vayu vilambit prasava*.

Soft tissue injuries of the lower genital tract are not uncommon and often account for postpartum hemorrhage. Periurethral and periclitral lacerations tend to bleed profusely. Cervical tear, vaginal tear and uterine atony cause profuse bleeding. That's why in order to prevent all these, *bala taila matra basti & yoni pichu* is essential in 9th month of pregnancy to facilitate *Sukhparasava* because it favours *snigdhatta* to muscles and ligaments of *garbhashaya*,

Acharya Caraka described *Bala* under *Madhura skandha*, *Prajasthapana mahakashaya* and *brmhaniya*. That's why it results in good weight and APGAR score of babies.

Rationality of Selection of Trial Drug-

In the present study *Bala* (*Sida cordifolia* Linn.) is selected. *Acharya Caraka* described *Bala* under *Madhura skandha*, *Prajasthapana mahakashaya* and *brmhaniya*. *Bala* is *madhura rasa*, *madhura vipaka*, *snigdha guna*, *balya*. *Bala* is also mentioned as a rejuvenate (*rasayana*)⁴. *Acharya Susruta* also described *Bala* among *Madhura dravyas*⁵. The Root of *Bala* is known as good tonic and having *balya* (Strength promoting) property. On Pharmacological screening the drug is found to have Betaphenethylamine, Ephedrine, vasicinol, choline, hypaphorine methyl ester.

CONCLUSION

Ayurveda is the traditional system of Indian medicine. Every pregnant woman should follow *Ayurveda masanumasik garbhini paricharya*, mainly to prevent from anemia, because anemia increases the risk of postpartum hemorrhage and the two conditions together contribute to maternal death. That's why we can conclude that *Ayurveda* principles when used wisely and with proper reference can give good hand in the prevention & treatment of today's complications as well as for mother & child health care.

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