



**ROLE OF ANUVASANA BASTI IN SUKH PRASAV (NORMAL LABOR):
A CASE REPORT**

¹Renu Yadav,

²Soni Kapil

¹PG Scholar, Department of Prasuti Tantra Evum Stree Roga, Rajiv Gandhi Govt. Post Graduate Ayurvedic College & Hospital, Paprola, Himachal Pradesh, India.

²Reader, Department of Prasuti Tantra Evum Stree Roga, Rajiv Gandhi Govt. Post Graduate Ayurvedic College & Hospital, Paprola, Himachal Pradesh, India.

ABSTRACT

Normal labor is a boon for both mother and child and a very typical and natural process. Childbirth should be an event of joy and satisfaction and every woman expects a normal delivery in her life. But, in the current scenario, it is seen that due to changes in lifestyle, culture and food habits, Caesarean Section has become a common occurrence in the society and the incidence of labor induction has also increased may be due to the failure of spontaneous onset of labor at term. The intervention not only affects the natural process of labor but is also associated with increased risks of complications like bleeding, cesarean section, uterine hyperstimulation, rupture etc. Thus there is a need to adopt a procedure during pregnancy itself, that helps for normal delivery and reduces postnatal complications. In Ayurveda for normal labor and to ease the process of labor monthly dietary and lifestyle regime is recommended. In the 9th month of pregnancy, *Anuvasana basti* and *Yoni pichu* are described which play an important role in spontaneous and reduction of the total duration of labor and promotion of its natural termination. This paper emphasizes using *Anuvasana basti* and *Yoni pichu* in the 9th month of pregnancy, as both of these Ayurvedic procedures play an effective role in bringing *Sukhprasava* and reducing post-partum complications. The article is concerned to increase the rate of normal birth as well as make the process of labor easy.

Key Words: *Anuvasana Basti*, *Yoni Pichu*, Antenatal care, Caesarean section

INTRODUCTION

Labor is the series of events take place in the genital organs in an effort to expel the viable products of conception out of womb through vagina into the outer world.² Labor 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 complications affecting the health of the mother and the baby.³ In Ayurveda *Samanya Parsava* is because of *Shukra asrik sampat*, *Ashaya sampat*, *Atma sampat*, *Sampurnadeha*. While describing the process of normal labor *Acharya Charaka* has used the term *Prasutimaruta*. *Prasutimaruta* can be

considered as a sub type of *Apanavayu*, having a special function of *Garbha Niskramana*. The causes of onset of labor are explained by *Acharays* as *swabhava*⁴ and *Nadi- nibandhamuktata*, *Varigaya* from *Grabhashya*.⁵ *Garbha Nishkarmana* is normal function of *Vata*⁶ thus any deviation in *Sukhparsav* is due to *Vata* vitiation or deviation in normal function of *Prasutimaruta* leads to abnormal labor which may be in terms of disordered onset or progress of labor. Ayurveda also explained *Prasavyapad* such as *Kalateet Prasava* [Prolonged Labor] is mainly seen in case of *Upvistaka*, *Nagodara*, *Leengarbha*, *Moodhagarha* etc.,

Garbhasanga [Retention of fetus],
Aparasanga [Retention of placenta].

In modern concept prolonged labor, obstructed labor, dystocia, postpartum hemorrhage, injuries to birth canal are some of the complications during labor. Abnormal labor usually terminates into forceps delivery, vacuum delivery or Cesarean section and their complications are birth canal injuries, PPH, anesthetic complications, puerperal sepsis and maternal morbidity. Asphyxia, facial bruising, facial palsy, hemorrhage, skull fractures, cerebral or spastic palsy due to residual cerebral injury, cephalohematoma, sub-aponeurotic hemorrhage, intracranial hemorrhage, retinal hemorrhage, jaundice are some of the adverse neonatal outcomes of difficult labor. All these complications are due to defect in power, passage and passenger which lead to deviation in normal physiology of labor.

So, we can say in pregnant women the *Prakuta apana* is very much essential for normal delivery. At the time of parturition, if it is vitiated, it will lead to *Vilambitaprasava*, *Moodhgarbha* etc, which convert the *Prasava* from normal to abnormal. Thus, to keep this *Vayu* in its *Prakritavastha* our *Acharyas* have instructed *Basti* in the 9th month of pregnancy.

DESCRIPTION OF PATIENT

25 years old woman reported to the *Prasutitantra* and *Streeroga* outpatient department (OPD no-484796) for regular ANC checkups in the ninth month of pregnancy. On further inquiry, it was found that she had a pregnancy of 8 months 2 days (35 weeks 0 days) and underwent regular ANC checkups in her period of gestation. She regularly took folic acid in the 1st trimester and iron and calcium supplements in the 2nd and

ongoing third trimester. She was immunized with two doses of T.T. Her ultrasonography scan of 1st trimester as shown in fig.1, anomalies scan and growth scan were normal. Her growth scan was suggestive of SLIU pregnancy with cephalic presentation and longitudinal lie and normal fetal parameters with no placenta previa as in figure 2. Now on this visit, her obstetric examination, vitals and all routine investigations were within normal range. She was aspiring for normal and uneventful delivery. Thus, she was advised *Anuvasana Basti* with *Balyam* oil and *Balyam Oil Yoni Pichu* for normal labor.

Past Menstrual History

L.M.P-17 JULY 2021

EDD- 24 APRIL 2022

- Age of Menarche – 13 years
- Duration – 2- 3 days
- Interval – 45 - 60 days
- Amount – moderate to heavy
- Associated symptoms – pain, smell and clots during menstrual period not present

Contraceptive History : Nil

Obstetric History

Primigravida

Family History

No family history of DM, HTN, TB and thyroid dysfunction.

Past Medical History

No history of GDM, HTN, TB and thyroid dysfunction.

No history of exposure to radiation, any toxins or chemical agents.

Examination of Patient

General physical examination of the patient was done. Her weight was 59 kg and height was 160 cm. Her vitals were in normal range. Hematological investigations were normal and serology for viral markers was also within normal range as shown in table 1.

Table 1 ROUTINE INVESTIGATION

Investigation	RESULT
BT	1min45sec
CT	6min00sec
T ₃	1.01pg/ml
T ₄	8.90 ng/dl
TSH	1.55 uIU/MI
Blood group	A positive
Hb	12.8 g/dl
RBS	94mg/dl
ESR	19 mm fall after 1hr
TSB	0.5mg/dl
DSB	0.2mg/dl
SGOT	20IU/L
SGPT	22IU/L
B. Urea	23 mg/dl
S. Creatinine	0.7mg/dl
S. Uric acid	3.3mg/dl
HIV	NR
VDRL	NR
HbSAg	NR

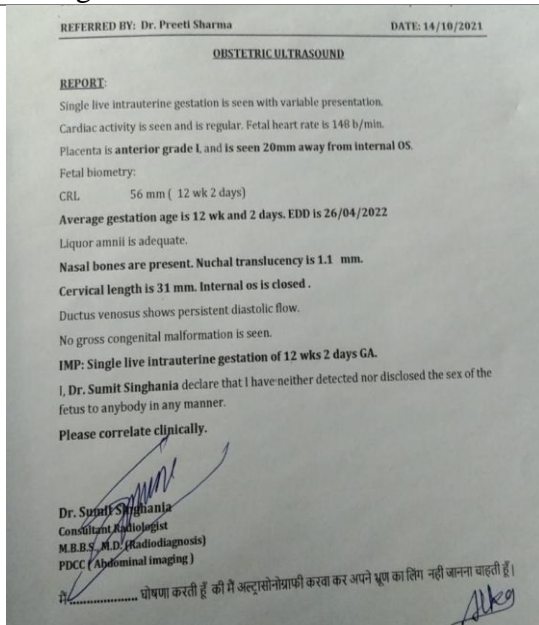


Figure 1 USS OF 1ST TRIMESTER

OBSTETRIC EXAMINATION

Fundal grip- Broad, soft and irregular mass palpable s/o of buttock region
Lateral grip- On right side smooth curved resistant feel which was s/o fetal back and in left side small irregular knob like structures palpable s/o of limb side

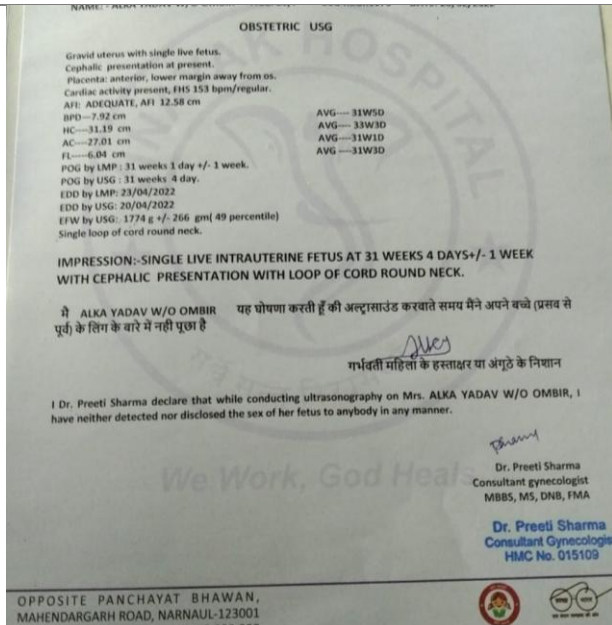


Figure 2 USS OF OBS FOR GROWTH SCAN

Pelvic grip- fingers were in divergent manner s/o of fixed head
Pawlik,s grip- s/o head on the brim.

TREATMENT
Treatment plan

Table 2 TREATMENT PLAN

Chikitsa	Drug	Dose	Duration
Anuvasana basti	Balyam oil	60 ml	Weekly
Yoni picchu	Balyam oil	1 picchu	Daily for 2-3 hours

Drug constituents- following table shows the ingredients of Balyam oil

Table 3 CONTENT OF BALYAM TAILA

1	Name	Botanical name	Rasa	Guna	Veerya	Vipaka
2	Murchita Til Taila	Sesamum indicum	Madhura	Sukshma, guru,	Ushna	Madhura
3	Shalparni	Desmodium gsngeticum	Madhura, tikta	Guru, sinagdha	Ushna	Madhura
4	Vidari	Ficus bengalensis	Madhura	Guru, sinagdha	Sheeta	Madhura
5	Bala	Sida cordifolia	Madhura	Guru, sinagdha, picchhila	Sheeta	Madhura

Anuvasana basti :Poorava karma – Light diet

Pradhana karma

- Patient was advised to lie down on table in left lateral position with flexed right leg at the knee and stretched left leg
- 60 ml syringe with rubber catheter was used
- After lubrication, the tip of rubber catheter inserted in anal orifice slowly
- The syringe was held slightly above the anal orifice and administration of Balyam taila was done slowly
- Patient was advised to lie on table with hand legs freely spread for ½ hr

Paschat karma

Pathya - Apathya: There is no specific demand of diet and behaviour during use of Matrabasti. But according to Acharya Vagbhatta day sleep (*Divaswapa*) is contraindicated after administration of Matrabasti.

Pratyagama Kala: The Pratyagama Kala of Anuvasana Basti was average 5-6 hours

Yoni picchu

- Picchu soaked in Balyam taila and inserted in to the vagina keeping tail of picchu outside the vagina

- Patient was instructed to insert the picchu herself daily after micturition at bed time
- Advised to retain it at least for 2 hours or to remove it before micturition

RESULT

Patient was followed up after every 7 days and Anuvasan basti was given on every follow up and also Yoni picchu was given and advised for every night. On 3rd and 4th follow up pelvic assessment was done which is s/o adequate pelvis and preparatory phase as shown in table 1. We also calculated Bishop score as per pelvic examination findings with relation to standard criteria. After the 4th follow up in the next 3 days the patient reported to OPD with the complaint of abdominal pain since 3 hrs. On examination it was found that there is onset of labor pains. Per vaginal examination showed that cervical dilation is 3.5 – 4.0 cm and effacement was 50- 60 % with head station -2 and intact membranes. Patient admitted in IPD at 10:30 am on 18/4/2022. It was s/o of active labor as shown in table.

Conventional management of labor was done without any augmentation by oxytocic. There was good progress of labor without the sign of fetal distress as shown in partograph in fig 3. She delivered a

male child at period of gestation 39 weeks 3 days by normal spontaneous vaginal delivery with cephalic presentation and with right medio- lateral episiotomy at 1:30 pm on 18 April 2022. Placenta was expelled out within 3-4 minutes with all its intact membranes. There was no cervical

tear, vaginal lacerations and no post-partum hemorrhage. Baby cry was immediate. Newborn had APGAR score 8 at 1 minute and 9 at 5 minutes of birth as shown in table 2 and table 3. The baby weight was 3.2 kg. There was no complication in postnatal period.

Table 4 progress sheet with follow up

	Before <i>basti</i> (POG= 35 wks 0 days)	1 st follow up after 7 days (POG= 36 wks 0 days)	2 nd follow up on 14 th day (POG= 37 wks 0 days)	3 rd follow up on 21 th day (POG= 38 wks 0 days)	4 th follow up on 28 th day (POG= 39 wks 0 days)	5 th follow up on 31 st day (POG= 39 wks 3 days)
P/A	FH-35-36 week	T. Size	T. Size	T. Size	T.size	T. Size
FETAL HEAD	On the brim	Not engaged	Engaged	Engaged	Engaged	Engaged
P/V Cx	Not done	Not done	Os closed, uneffaced	OS closed, soft, midway, show-negative	1 cm dilated, 10-20 %effaced, midway, show-negative	3.5 cm dilated; 50- 60 % effaced, anterior Show-positive
Pelvis	-	-	Adequate	Adequate	Adequate	Adequate
Bishop score	-	-	1	4	4	9

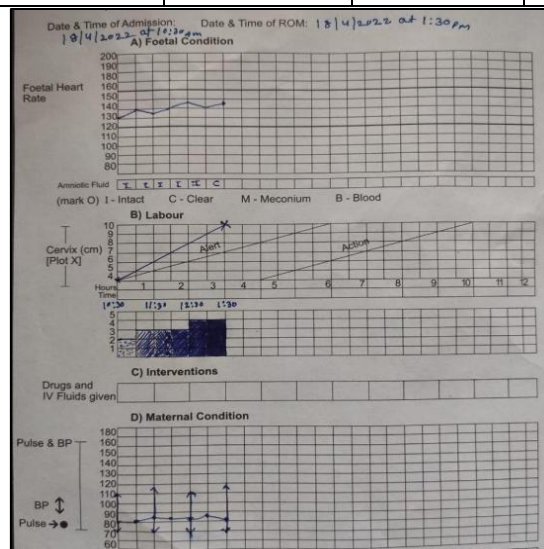


Figure 3 PARTOGRAPH DURING LABOUR

Appgar Score of baby
Table 5 APGAR score at 1 minute = 8

SIGN	SCORE 0	SCORE 1	SCORE 2
Heart Rate			Normal (108)
Respiration			Good strong cry
Muscle tone			Active movements
Reflex irritability			Cough or sneeze
Color		Body pink, extremities blue	

Table 6 APGAR score at 5 minutes =9

SIGN	SCORE 0	SCORE 1	SCORE 2
Heart Rate			Normal (>100/min)
Respiration			Good strong cry
Muscle tone			Active movements
Reflex irritability		Grimace	
Color		Body pink, extremities blue	

DISCUSSION: In this case, the patient was advised for *Anuvasana basti* and *Yoni picchu* for normal spontaneous vaginal delivery. After the 3rd round of *Anuvasna basti*, she came to us with onset of labor pains and delivered a male child with a normal with normal APGAR score without any complication in natal and postnatal period. According to the above discussion we can conclude that by administering *Anuvasana Basti* and *Picchu* in the 9th month of pregnancy, we can reduce chances of abnormal delivery and post-partum complications. In Classics, *Anuvasana basti* and *Picchu* administration during pregnancy is indicated in the 8th month of pregnancy,⁷ and in the 9th month. *Basti* is considered as the *Paramoushadhi* of *Vata* and indicates where *Vayu* plays a pathological

role. But here in case of *Garbhini, Basti* is indicated to prevent vitiation of *Vayu*. As *Vayu* plays a pivotal role in the process of labor.

Anuvasana basti mainly contains *Saneh Dravya*. *Aacharya Charak* explained mode of action of *Basti* and said 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.⁹ Further explained 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.¹⁰ Acharya Sushruta has also explained that well prepared *Basti dravya* when given properly, the *Veerya* of the *Basti Dravya* (active principle) acts upon minute channels of *Pakwasaya* and spreads throughout the body. He described that the *Basti* nourishes the body as the roots are nourished by the irrigation of water.¹¹ *Basti* acts locally in the *Pakwasaya*, which is the chief seat of the *Vayu (Apana)* and helps in *Shodhan*, *Shaman* and *Anulomana* of the vitiated *Vata*.¹² This also corrects the natural pace and direction of the *Apana Vayu*.

Acharya Charka has mentioned, during the period of pregnancy, *Vayu* is most likely to be in vitiated state. *Anuvasan basti* contains *sneh* i.e., oil and it counteracts the *rukshata* by *singdhta*, *laghuta* by *guruta*, *sheetata* by *ushanata*. Besides these *Basti* of *taila* also do *manaprasada*, *veerya*, *bala*, *varna* and *agnipushti*. It is free from risks and also cures all diseases as well as regulates normal functions. *Caraka* states that, *anuvasana basti* when given nourishes all the cannels after reaching the *nabhi* (main seat of *Sira* and *Dhamni*).¹³ Pharmacological action and therapeutic effects of *Basti*, as follows:¹⁴

A. Action of *Basti*, due to its unique procedure (Procedural effect)

B. Action of *Basti* due to drug used in process (Drug effect)

C. Action of *Basti* by *srotsudhi* and *sodhana* of body (*Sodhana* effect)

D. Action of *Basti* by regulating the enteric nervous system or GUT BRAIN AXIS

Picchu is also one type of *Snehana* therapy. It is made with cotton swabs and used for *Snehana Karma* after soaking in

the *Taila*. When it is placed in *yoni* it is called *Yoni picchu*. It causes *Snehana*, *Vishyandana*, *Mardavvata* and *Kledana* as per the definition of *Snehana*. *Yoni picchu* causes stabilization of *yoni* muscle, which increases muscle strength. *Yoni picchu* makes muscles soft and smooth so they stretch very well, and lubrication prevents unnecessary friction and also destroys pathological bacteria of the vaginal canal.

In classic texts *Acharyas* mention *Anuvasan basti with madhur ausadha siddha dravya* in pregnancy.¹⁵ Here we used *Balayam taila* which contains *dravya* mentioned in *Madhur skandhas in Charak Samhita*.

It is often the effect of all ingredients of *Balyam taila* in formula rather than the action of individual drugs. The ingredients mostly have *madhura rasa*, *guru* and *sinagdha guna*, some have *sheeta* and some have *ushana veerya*, almost *madhura* in *vipaka*. Most ingredients have properties like *vatashamaka*, *balya*, *brimhaneeya*, *vedanasthapaka*, *rasyan* and *snehana*.

Here we used *Salparni* which is described in *Balya, Sanehopag Mahakshaya*¹⁶ and also in *Madhura skandha*. In recent research it is found that it is a potent smooth muscle relaxant.¹⁷ *Vidari* is also mentioned in *madhura skandha* and has *balya* and *bhrimniya* properties. In recent studies it is found that the extract of *Vidari* plant might act on the mucosal layer of nervous system i.e., HPO axis¹⁸ and helps in onset of labour. *Bala* is under *Madhura skandha, Prajasthapana mahakashaya and brmhaniya*. *Bala* has *Madhura Rasa, Madhura Vipaka, Snigdha guna*, and *Balya*. *Bala* is also mentioned as a rejuvenative (*Rasayana*). *Acharya Susruta* also described *Bala* among *Madhura dravyas* and the root of *Bala* is known as

good tonic and having *balya* (Strength promoting) property. On Pharmacological screening it is found that the drug is having Betaphenethylamine, Ephedrine, Vasincinol, Choline, Hypaphorine methyl ester. Ephedrine component which acts as smooth muscle relaxant.¹⁹ All the contents of *Balyam taila* also have *Balya* property which also helps in improving muscle strength. Due to *Vednasthapana* property of all drugs, patients feel less pain during contraction. *Tila Taila* due to its *Guna* of *Ushna* is a potent *Vatashamaka* and also helps in diffusion of drugs due to its *Sukshma*, *Vyavayi*, *Sara* and *Singdha* property. It is also *Balya* according to *Shusurta*.

As the cervix and uterus contain smooth muscles *Balyam taila* helps in proper dilatation of the cervix and lower uterine segment due to its spasmolytic property during labor along with *Basti* itself by regulating *Apana Vayu* maintains the rhythm of uterine contractions.²⁰

CONCLUSION

In scenarios of increasing C-Section and complicated labor, we can achieve a better success rate in conducting normal labor if we follow the guidelines mentioned by Ayurvedic Classics in *Garbhini parichrya*. This case suggests that for normal labor *Vatanuloman* is essential which can be achieved by advising *Anuvasan basti* and *Yoni picchu* in the ninth month of pregnant.

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Corresponding Author: Dr. Renu Yadav PG Scholar, Department of Prasuti Tantra Evum Stree Roga, Rajiv Gandhi Govt. Post Graduate Ayurvedic College & Hospital, Paprola, Himachal Pradesh, India.

Email: renuyadav228@gmail.com

Source of support: Nil Conflict of interest: None Declared

Cite this Article as : [Renu Yadav et al : Role of Anuvasana Basti in Sukh Prasav (Normal Labor): A Case Report] www.ijaar.in : IJAAR VOL V ISSUE VII MARCH-APRIL 2022Page No:529-537