



**PARTURITION MANAGEMENT (PRASAVA PARICHARYA) IN  
AYURVEDA – A FUTURE PANORAMA**

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**ABSTRACT**

*Ayurveda*, a holistic science practiced since 5000yrs gives us a comprehensive view of the *prasava* or the labour, its stages, signs and symptoms of the delivering woman with the *prasava paricharya* or the management of labour and even the management of complications like placental obstruction in detail. Though in the present condition it is not possible to manage the labour with *Ayurvedic* management completely, the principles, concepts and the techniques of ancient *Ayurveda* can be adopted in association with the Modern conventional management to aid in the smooth delivery with healthy mother and the baby. Future studies can aim at involving *Ayurvedic* techniques and concepts as an add-on treatment in the successful management of labour with a view of reducing the discomfort and the pain experienced during the labour and also to improve the quality of life of both mother and the baby.

**Keywords** *Prasava*, labour, Ayurveda, Parturition, *Sushrutha*, *Charaka*

**INTRODUCTION**

The aim of pain relief in labour is to render parturient relatively pain free whilst still able to participate in the birth experience. Ideally there should be no associated side effects or risks to both mother and baby. In reality, there are several methods of pain relief available but none are ideal. It is not surprising that many mothers try to avoid invasive and pharmacological methods of pain relief in labour and seek complementary therapies which have minimal side effects and are easy to administer. [1] A systematic review of randomised controlled trials comparing water immersion during labour with no immersion concluded that labouring in

water in the first stage has shown to reduce the use of analgesia and reported maternal pain, without adverse outcomes on labour duration, operative delivery or neonatal outcomes [2]

Water immersion may be associated with increased uterine perfusion, shorter labours and a decreased need for augmentation; the associated feeling of weightlessness also adds to comfort and allows for easy change of position during labour. Warm water, as well as inducing muscle relaxation and reducing anxiety may also decrease the release of catecholamines and stimulate the release of endorphins. [1]

In *Ayurvedic* medicine there are many drugs and procedures mentioned by our

*Acharyas* which have the similar effects like modern medicine on pain relief in labour and some procedures for cut short the duration of various stages of labour to make it easy and do not have any side effects on the mother or baby. In a pregnant woman, the *prakruta vyana vayus* are very much essential for normal delivery. At the time of parturition, if any one of it is vitiated, then leads to *vilambita prasava* (Prolonged labour /Obstructed labour) etc. In Ayurvedic medicine, procedures are mentioned to achieve part of *Garbhini Paricharya*. Our ancient *acharyas* were aware about the mode of action of these *Ayurvedic* drugs & procedures on labour. [3] This study focuses on the management of labour described in the Ancient *Ayurvedic* system of medicine and to apply these principles of management in addition to the conventional management of labour or *prasava* with an insight to reduce to the pain and discomfort of the labour without any side effects and make the parturition successful with both mother and the infant safe.

All the *Ayurvedic* classics opine about the *prasava* and its *paricharya*, the management in detail. *Kashyapa* stresses more on recitation of auspicious hymns to facilitate smooth and uneventful labor and advises the intake of meat soup. *Sushruta* also advocates the chanting of auspicious hymns and instructs that the parturient lady to be surrounded by male children and to have fruits with her that bear masculine names. Intake of *yavaagu* is advised prior to labor possibly with the intention to keep energy level high. Whereas, *acharya Charaka* opines that *prasavini* should lie down on the ground on soft beddings possibly to make her feel comfortable and instructs on educating the woman regarding

the role she has to play in labor such as to bear down during pain and not to bear down in the absence of pain. Chanting of the *mantras* are also advised by the *acharya* to be psychologically pleasant and self confident which is very essential for labor to progress. According to *Vaghbata*, *yavaagu* and *ghruta* to be consumed by the *prasavini* before the commencement of labor and inhalation of medicinal smoke during the inter contraction period with gentle massage of the flanks with oil which helps to increase the strength of the contraction and bring in labor that is smooth and safe. *Kashyapa* had advised intake of meat soup during this period.

In general, the management of the labour begins with the pregnant women with signs of labour should stay in the *sootikagara* with auspicious recitation by the *Brahmana*'s, the expert senior ladies with clean and washed hands should enter the *sootikagara*. The sweet speaking women invoking *prajapati* should console the pregnant woman & make her happy for achieving religion, wealth, & salvation. They should console her by telling various pleasures of women with children and sorrows of childless women, should perform auspicious recitations in front of her about *aditi* , *kashyapa* , god, *indrani* , *indra* , *ashwinis*, other persons of good longevity and having children.

*Acharya Sushrutha* had described the signs of labour and also its management. The stage of *prajayini*, when there is presence of laxity in sides of the belly, freedom in bondage of heart and the appearance of pain in pelvic region, it indicates that the woman is to deliver. *Prajanayishyamaana* means woman ready for parturition.

*Upastita prasava*, when the time of delivery approaches, there is pain all over

the waist and back, frequent passing of faeces, urine with discharge of mucus from the vaginal opening and also the *apara pathana*, where the placenta should be extracted after delivery of child.

This is managed by *kruta mangala* (auspicious chanting), *swasti vachana* (benedictory hymns), *kumara parivartana* (surrounded by boys), *punnam phalam hastam* (holds in hand fruit with masculine name), *swabhyakta ushnodaka parisnaata* (having massaged well & bathed in warm water) and *aakantha yavaagu paana*. She should be made to lie down in supine position on soft, spacious and pillow bed and legs flexed with four elderly expert women, having nails cut to attend the delivery. Pregnant women should also be instructed not to bear down in absence of labor pains and then should be given a mild massage of genitalia in direction of hairs. Here *Dalhana* opines that efforts should be made upto expulsion of placenta. [4] According to *Charaka*, the following signs indicate the approach of the time of delivery (*prajanana kaala abhimata*). *Gaatraklama* (exhaustion of limbs), *aanana glaani* (feeling of depression in the face), *akshi shaithilya* (looseness in eye), *vaksha vimukta bhandanatva* (feeling in the chest as if a knot is being untied), *kukshi avasramsam* (feeling in the chest as if a knot is being untied), *adhogurutva* (heaviness in lower part of the body), *vankshan, basti, kati, kukshi, parshwa, prushta nistoda* (pain in groin, region of bladder, pelvis, sides of the chest and back), *yoni prasravanam* (onset of show from the genital tract), *anannabhilaasha* (lack of desire for food) and true labor pain associated with discharge of amniotic fluid. At the stage of *parivartita garbha*, when the pregnant woman feels as if the fetus got separated from her heart and entered

into the lower abdomen and approaches the area of *bastisira* (brim of pelvis) frequency of labor pain gets increased and indicates that the fetus has turned and come downwards, at this stage, the physician should make the patient lie down over a bed and then asked to effect necessary strain to facilitate delivery. In the next stage, *apara patana* that is the removal of placenta, immediately after the delivery, she should be examined if the placenta has come out. Proper method of separation of placenta is to be carried out. Once the labour pain has started, bed should be prepared on ground covered with soft beddings on which the patient should lie down and the elderly women experts should attend to. These attendants should educate her about the bearing down efforts and not to bear down in absence of pains. Initially bearing down should be gentle, but should be forceful at the end. At the moment of this, attendants should pronounce that “Delivered, Delivered, you are fortunate; you have delivered a male child”. Hearing these words woman gets happiness and strength with *mantropacharana* in her ears, agreeable woman should recite repeatedly in low voice the mantra “*prithvi , jala , akasha , teja , vayu , vishnu , prajapati* should protect you the women ! Carrying fetus and make you free from this *shalya*”. Also should say that o beautiful! Woman, without any difficulty you will deliver the child free from trouble and will be protected by *kartikeya* and resembles him. [5] *Vaghata-I* has described three stages of *prasava* as *aasanna prasava* (Signs of commencement of labor), *upasthita garbha, parivartita garbha* and *apara patana*. In the first stage, as the time of delivery approaches, the woman develops exertion, exhaustion, a feeling

as though the eyes have lost their attachment, expectoration, increase of frequency of urine and feces, looseness of the abdomen, heaviness of the lower abdomen, lack of desire for food, uneasiness in the (region of) heart, waist, bladder and groins, pricking and tearing pain throbbing and exudation of fluid in vagina etc. After these, the *avee* (labor pain) commences followed by discharge of *garbhodaka* (amniotic fluid). In *upasthita garbha*, fetus in the womb gets fixed. At the stage of *parivartita garbha*, fetus turns downwards, its bonds gets loosened from the region of heart and descends lower into the abdomen to catch up the head of the urinary bladder and the labor pains becomes more frequent. And in the last stage *Apara patana*, placenta extraction should be done if it is obstructed.

According to the *acharya*, the pregnant women who have done *kautuka mangala* and going to deliver the fetus should be given *yavagu* mixed with *ghrita*. Then she should be made to lie over the bed with soft cushion spread over ground and covered with the skin of red bull. Then she should be given repeated inhalation with powdered *kushta*, *ela*, *langali*, *vacha*, *chavya*, *chitraka*, *chirbilva*, or intermittent inhalation of smoke with *bhurjapatra*, leaves of *simshipa* and *sarja rasa*. But *Indu* had opined that the inhalation should be given in the inter contraction period. Gentle massage with lukewarm oil over flanks, back, sacrum, thighs should be carried out. By this, the fetus comes down and after the descent of fetus, the attendant sitting near the foot of delivering woman should give the assurance by saying, O beautiful lady!

bear down slowly, your facial expression is charming and you will deliver a male child. [6]

*Vaghbata-II* speaks about *prasava avastha*'s as *asanna prasava lakshana* (Signs of impending delivery), *upasthita garbha*, *garbha pratyavega* and *apara patana*. In the stage of *asana prasava*, delivery taking place the day before or the next day the woman develops fatigue, looseness of abdomen and eyes, exhaustion (without physical activity), feeling of heaviness in the lower parts, loss of appetite, increased salivation, increased urination (frequency), discomfort or pain in thighs, abdomen, waist, back, region of heart, bladder and groins. Different kinds of pain will be experienced in the vaginal tract such as tearing, continuous pricking, pulsating with discharge of fluid, followed by the onset of *avee* (labor pain) and discharge of fluid from the womb (show). In case of *upasthita garbha*, woman in labour and its management is explained. In *garbha pratyavega* stage, foetus makes an easy descent and occupies the abdomen just above the urinary bladder and the final stage, *apara patana vata*, which is the cause of placental obstruction, should be cleared.

For the management, we find the same explanation as of *Astanga sangraha*, with addition of *Vaghbata-I* advising such as massage to be carried out over infra umbilical region of delivering woman and walking slowly for few steps. [7] *Bhavaprakasha* has described the stages of *prasava* with their *lakshanas*. In the first stage, *prasavotsuka*, the pregnant woman with the symptoms of looseness of the upper abdomen, feeling a kind of release or freeness from the region of heart and pain in lower back is to be understood as intent on delivery. In *aasanna prasava*

stage, the woman experiences pain in the waist and back with frequent urge of elimination of urine and faeces that are indicative of quick delivery. In the last stage, *apara patana*, advice should be given regarding straining until the placental extraction.

The delivering woman should be managed by making her to drink *yavagu* and get an oil massage around vaginal canal. When *Aavi* starts in quick successions, the pregnant woman should be made to lie down over the bed. When fetus is squeezing out, her vagina should be dilated by applying oil and should be instructed to bear down mildly in beginning and forcibly afterwards. [8] In *Bhela samhitha*, we find two stages of *prasava* as *aasanna prasava* and *apara patana*. In the first stage, the woman feels that she is about to deliver and the second stage deals with the management of *apara sanga* or the placental obstruction. For the management, *Bhela* had advised association of four woman friends to stay with the delivering woman, to consume one *aksha* of boiled *sali* rice mixed with sour drinks and cow's urine or this rice should be given with the decoction of *danti*, *dravanti*, *vrischikali*, *punarnava*, *banatiktaka*. Gruel made up of old *sali* rice can also be given. If fetus does not descend with this, *anuvasana basti* with pungent oil should be given. Then the woman should be instructed regarding the method of bearing down effort. [9]

## DISCUSSION

Giving birth is a life-changing event, and the care that a woman receives during labour has the potential to affect her both physically and emotionally the short and longer term. [10] The World Health Organization (WHO) states that the aim of intrapartum care is achieving a healthy

mother and child using the least possible number of interventions consistent with safety. [11]

Ayurveda, a holistic science practiced since 5000yrs gives us a comprehensive view of the *prasava* or the labour, its stages, signs of symptoms of the delivering woman with the *prasava paricharya* or the management of labour and the management of complications like placental obstruction in detail.

The concept and the treatment adopted by the *acharyas* in the absence of investigations and the improvised modern technology holds well even today. Though in the present condition it is not possible to manage the labour with *Ayurvedic management* completely, the principles, concepts and the techniques of ancient *Ayurveda* can be adopted in association with the Modern conventional management to aid in the smooth delivery with healthy mother and the baby. Future studies can aim at involving *Ayurvedic* techniques and concepts as an add-on treatment in the successful management of labour with a view of reducing the discomfort and the pain experienced during the labour and also to improve the quality of life of both mother and the baby.

## CONCLUSION

Ayurvedic system of medicine gives us a comprehensive knowledge of labour and its management that is described as *prasava* and its *paricharya* in detail. Though there are some studies that have studied the add-on *Ayurveda* and *Yoga* sciences in the antenatal care, no studies are available on the present topic. The purpose of this study is to give an insight that the principles of *Ayurveda* can be integrated with the modern management of the labour to prove its efficacy once

again through research and also for the well being of both the mother and the baby.

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