



A SYSTEMIC STUDY ON SUKHA PRASAVA W.S.R. TO NORMAL LABOUR

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ABSTRACT

Giving birth is not a medical operation; it is a natural process. In India, the percentage of caesarean births has more than doubled, rising from 8% in 2005 to 17% in 2016. The inability of spontaneous labor to begin at term or the desire of medical personnel to abbreviate labor's duration have both contributed to a rise in the prevalence of labor induction. This intervention alters the course of natural labor and may raise the possibility of problems. Therefore, a safer method of facilitating the labor process is necessary. Sukha prasava is one of the goals of garbhini paricharya, as stated in the third trimester.

KEYWORDS - Prasava, Prasava Paricharya, Garbhini Paricharya, etc.

INTRODUCTION

PRASAVA- Prasava means "to release/get rid of/free from garbha¹." Prasava is the term for the procedure by which a woman exhales a fetus.

PRASAVA KALA- Acharya Charaka and Kashyapa state that the typical period of prasava kala is from the first day of the ninth month to the tenth month². The typical prasava kala, according to Acharya Sushruta and Vagbhata,

is from the first day of the ninth month to the twelfth month. According to Chakrapani, it is the ninth and tenth months.

REASON FOR PRASAVA³

1. Nadi nibandha mukti - Just like a fruit that has fallen from its stalk naturally over time falls off its stem, garbha has split from its "nadinibandha" and is going through labor because of its unique character. Here, the umbilical cord and sensory and motor nerve fibers are indicated by the term "nadi." Nibandha signifies the removal of impediments to their regular operations.
2. Swabhava - Prasava is a naturally occurring state; its cause is unclear.
3. Garbha vasa vairagya: The fetus experiences anoxia when the umbilical cord breaks (nadi nibandha mukti). Hormone changes result in the start of labor.
4. Garbha sampurnata - Garbha becomes completely grown, prepares to give birth, and labor begins.
5. Kala prakarsha - Following the conclusion of Prasava Kala, adjustments are required in order to present a garbha at a designated time. Estrogen is inactivated during free conjugation, which makes the myometrium more sensitive to the effects of oxytocin and aids in myometrial stimulation. Actinomycin also achieves optimal deposition and initiates myometrial fiber contractions. And the uterus begins to contract after reaching its greatest distention. These only occur after a predetermined amount of time. Thus, among the causes stated by Acharyas was kala prakarsha.

EFFECT OF VATA ON PRASAVA⁴

Charaka describes the function of vata as garbha-nishkramana. The apana vayu, which Acharya Charaka refers to as "prasutamaruta," primarily aids in prasava, allowing the fetus to travel inside the uterus and expel through the vaginal canal. Prasuta Maruta is associated with Vyana Vayu and performs tasks in Sukha Prasava. The internal rotation of the fetus, which is accomplished via vyana vata, is referred to as parivrutya.

The aforementioned tables demonstrate the upward, downward, and oblique motions of the vyana vata, which aid in the nine fetal movements throughout the descent process. During prasava, the uterine muscles can contract and dilate thanks to the contraction and expansion functions of the vyana vata. During prasava, apana vayu aids in the eradication of vata and garbha (the fetus). Prakrita vata plays a crucial function during labor as a result.

According to trimester, vata predominates in the third trimester. Normal labor is the responsibility of Apana Vayu. Therefore, during garbhini paricharya in the eighth and ninth months, care is provided to preserve the normal level of vata. By causing the prakrita vata in the body, basti throughout the eighth and ninth months of Garbhini paricharya will help with regular labor. Variations in apana vayu lead to mudha garbha, or difficulties in the fetus's descent and hindrance during its ejection. In order to enable normal labor, garbhini should adhere to garbhini paricharya (Sukha prasava).

FUNCTION OF APANA VAYU ACCRODING TO DIFFERENT ACHARY'S

	Charaka Samhita⁵	Sushruta Samhita⁶	Ashtanga Hridaya⁷	Ashtanga Sangraha
Sthan	Vrushan (testicles), basti (urinary bladder), medhra (penis), nabhi (umbilicus), uru (thighs), vankshana (inguinal region), guda (anus)	Pakvadha na (large intestin e)	Apana desha (perineal region) and transverse along Shroni, basti, medhra, uru	The rectum moves along the urinary bladder, pelvis, scrotum, and groin.
Karma	Shukra nishkraman, artava nishkramana, shakrita nishkraman, mutra nishkraman, garbha nishkramana	Elimination of samirana, shakrita, mutra, shukra, garbha, artava	Shukra nishkraman, artava nishkramana, shakrita nishkraman, mutra nishkraman, garbha nishkramana	Elimination of samirana, shakrita, mutra, shukra, garbha, artava

DISCUSSION**ROLE OF AAVI ON PRASAVA⁸**

The term "Grahishool" is mentioned by Acharya Kashyap. The word "shool" signifies anguish, while the word "grahi" indicates to be grasped or held. Aavi, also known as blocked or grabbing-like pain, is brought on during labor. Power is needed for the fetus to expel itself, and aavi provides this power. While grahi is thought to be an abdominal muscular contraction, aavi is thought to be typical uterine contractions. Furthermore, aavi-afflicted ladies are probably prepared to give birth. The anticipated simple full-term birth of a fetus is caused by three

important elements. These are: passage (from the cervix to the vaginal passage), power/force (cervical dilatation and uterine contractions), and passenger (fetus position). This ability is called aavi, or grahishool.

In order to prepare the route for delivery, the power or force performs uterine contractions and cervical dilatation. This dilates the cervix and retracts the top segment, allowing the fetus to descend more easily. Aavi's intensity might make it mild, moderate, or strong. It happens more or less frequently depending on the stage of labor. It is mild when labor first begins, but as the phases of labor progress, it begins to increase in length, frequency, and severity. Ineffective or delayed AAVI complicates labor and causes suffering to both the mother and the fetus.

TIME TO ENTER INTO PRASAVA GRAHA⁹

- Women should enter the Sutika gruha at the start of the ninth month of pregnancy on an auspicious day known as maitra muhurta. This is followed by the gau, brahmana, agni, and jala workshops²⁰. Charaka and Acharya Vagbhata both mentioned the same period. In prashasta tithi²¹, Acharya Sushruta mentioned entrance in the ninth month.
- Aavipradurbhave tu bhumu shayanai (made her sit or lie down on the ground or bed when labor began) She need to be surrounded by kind, knowledgeable women who can provide her labor advice.
- According to Acharya Sushruta, ladies who are prepared to give birth and have performed auspicious hymns for her wellbeing and success should be surrounded by kumaras and hold fruit with a male name. In addition to receiving an oil massage and a lukewarm bath, she should be provided the right drinks to drink to maintain her strength²³.
- With the exception of kumaras, Acharya Vagbhata has explained all that Sushruta has mentioned. The hymn that he has designated is "kautuka mangala" ²⁴. He instructed us to inhale powdered kushtha, ela, langli, vacha, chavya, and chitraka on several occasions.
- Anaagat prasava is the term used to describe a situation in which a woman experiences good uterine contractions, or aasanna prasava, but fails to deliver the baby at the appropriate time. Charaka states that the management instructed the lady to rise up, hold the pestles like heavy objects, strike the mortar-filled paddy while yawning repeatedly and walk in between in order to alleviate the anaagat prasava. It is recommended to inhale powdered kushtha, ela, langli, chavya, vacha, chitraka, chirbilva, bhurjapatra, or shimshipa.
- If Garbhini is not experiencing labor pain, an expert midwife should advise her not to exert herself because doing so would just drain her energy without advancing the labor. Rather, it may result in anomalies in the developing embryo.
- Check to see if the placenta passes after the fetus exits. In the event that it is not adhered to, the hips, buttocks, and suprapubic area should be compressed downward. The patient's hair should irritate their palate and throat.
- Yoni dhoopan with a slough of black sarpa, kacamachi, and bhurjapatra.
- It is recommended to provide kwath of balwaja, kulattha, mandukparni, pippali, and kalka of kushtha, talisa.

- Yonipichhu and anuvasana basti made with oil that has been treated with kushtha, hingu, madana, and shatpushpa.
- Contains kalka of phala, jimuta, ikshwaku, dhamargawa, kutaja, kritvedhana, and hastipippali in combination with balwaja kwatha.
- The identical management that Charaka outlined is stated by Acharya Sushruta.
- He provided management subsequent to the labor descent.
- He has proposed the following course of therapy if the placenta is not evacuated over time:
- Use hair-covered fingers to tickle the throat.
- Yoni dhoopana including a multitude of black snakes, Siddha katu taila, katuki, alabu, kritvedhana, and sarshapa.
- The limbs are covered in langli mula kalka.
- Snuhi Kshir lepa across the forehead.
- Anuvasana basti combined with sura manda and shweta sarshapa, kushtha, langli, and snuhi.
- Uttarbasti with taila prepared using the medications listed for basti with asthapana.
- The placenta is removed with the anointed hand if no other method is successful in removing it.

SIGNIFICANCE OF PRASAVA PARICHARYA¹⁰

The aforementioned exercises, such as walking and sneezing, aid in the fetus's descent and make sukha prasava easier. According to the karmas, lepana functions as an antibiotic and antifungal to ward off illnesses and their sequelae, same as dhoopana. The qualities of garbha uttejaka, anulomaka, and garbha sankochaka, found in the medications used for lepana and dhoopana, assist widen the cervix and facilitate smooth fetal birth. The techniques described in the Prasava Paricharya, such as anuvasana basti, niruha basti, and uttarbasti, aid in the placenta's ejection and minimize any delays in the third stage of labor, which is the placenta's expulsion. Therefore, the steps outlined in Prasava Paricharya aid in Sukha Prasava and guard against Prasava-related problems.

CONCLUSION

By examining the aforementioned facts, this study proposes that garbhini paricharya throughout the third trimester has a good impact on the labor phenomena. It encourages planned vaginal birth with little assistance.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

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