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"A Comparative Study On Traditional And Western Perinatal Care"

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Abstract :

Perinatal care is the systematic supervision of a woman during pregnancy and after delivery. Care during pregnancy till delivery is known as Garbhiniparicharya (Antenatalcare) and care after delivery upto 90 days known as Soothikaparicharya (post natalcare) respectively. Supervision should be of a regular and periodic nature and according to the need of an individual. The proper garbhiniparicharya soothikaparicharya would result in the proper development of the foetus, its delivery, the health of the mother and thus her ability to withstand the strain of labour and have an eventless post-natal phase. The value and significance of traditional knowledge (TK) has been widely recognized. TK is often transmitted orally from generation to generation, and it typically is not codified within any modern system of documentation. Traditional practices for perinatal care are used throughout the world to complement local health care service delivery, making this a truly global phenomenon. After conducting this survey it proves that Traditional perinatal practices are very logical it is the need of the hour to collect all such data and by that protect our ancient knowledge.

Key words: garbinicharya, soothikacharya, perinatal care .

Introduction:

Across the world, traditional medicine (TM) is either the mainstay of health care delivery or serves as a complement to it. In some countries, traditional medicine or non-conventional medicine may be termed complementary medicine (CM)[1]. T&CM is an essential and often underestimated part of health care. T&CM is found in almost every country around the globe and the demand for its services is increasing. TM, of proven quality, safety, and efficacy, contributes to the goal of ensuring that all people have access to care. The WHO Traditional Medicine (TM) Strategy 2014–2023 was developed in response to the World Health Assembly resolution on traditional medicine . The goals of the strategy are to support Member States in harnessing the potential contribution of TM to health, wellness and people centred health care; promoting the safe and effective use of TM by regulating, researching and integrating TM products, practitioners and practice into health systems, where appropriate.

Perinatal care is the term for the care delivered during conception and in the puerperal period post-delivery[2]. Traditional practices for perinatal care are used throughout the world to complement local health care service delivery, making this a truly global phenomenon. It is important to balance the need to protect the intellectual property rights of indigenous peoples and local communities and their health care heritage while ensuring access to T&CM and fostering research, development and innovation.

The perinatal period is defined in diverse ways. Depending on the definition, it starts at the 20th to 28th week of gestation and ends 1 to 4 weeks after birth . Recently, perinatal care, like other health care sub-sectors, has undergone major changes, one of these being the willingness to "integrate" the different services offered in the health care system. "Integrated care" has been a very popular organisational trend since the 1990s. One of the keys to its popularity has been the expectations it has raised, particularly in terms of improvements in quality of care and efficiency. In Ayurveda the monthly regimen is broadly discussed under three headings: a. Masanumasikapathya (month wise dietary regimen) b. Garbhopaghathakarabhavas (Activities and substances which are harmful to fetus) c. Garbhasthapakadravya (Substances beneficial for maintenance of pregnancy) d.Masanumasikapathya (month wise dietary regimen)[3]:

AIM:

By comparing traditional and western perinatal care data , this study sought to guide public health professionals and clinicians regarding the type and content of the perinatal care they provide.

OBJECTIVE:

The objective of this paper is to present a brief review of literature on various traditional and western medicines employed in perinatal care in different parts of Kerala.

MATERIALS AND METHODS:

Field of the study : Observational

Methodology ;

Study design : Observational descriptive cross-sectional study.

Study area : North,South and Middle zones of Kerala

Data collected from different traditional health practitioners in Kerala

Data collection :

Primary data by interview and observation, questionnaires

Secondary data from records

The purpose of the study was to collect and compare perinatal care in different zones of Kerala. The specification of zones is the preliminary step in any field study. the data were collected from all 14 districts in Kerala. After that, the collected samples(questionnaires) were grouped into three main zones they are north, south and middle zones.

North zones include Kasargodu, Kannur, Wayanad, Kozhikode, and Malappuram districts. South zone includes the Kottayam, Alappuzha, Pathanamthitta, Kollam, and Thiruvananthapuram districts. And middle zone includes Thrissur, Ernakulam, Palakkad and Idukki districts. Data was collected individually for antenatal and postnatal care.

RESULTS:

The data collected from different districts of Kerala were again categorized based on the zones from which they were procured. And randomly selected 10 case sheets from each zone and compared their results. The drugs name and preparations are listed as per colloquial language.

The data obtained were rendered to a master sheet and statistical tables were constructed.

Statistical analysis:-

It was done in three aspects

1. Demographic data
2. Data related to antenatal care
3. Data related to postnatal care

DEMOGRAPHIC DATA:-

Socio demographic variables

TABLE 1 : Age of participants

AGE	NUMBER OF PARTICIPANTS
18-25	4
26-30	22
30-35	nil

Table 2 : Number of Sukaprasavam(normal delivery) with that of Caesarean

Sukaprasavam(normal delivery)	caesarean
18	12

DATA RELATED TO ANTENATAL CARE:-

Table 3 : Patients undergone regular allopathic antenatal checkup

Yes	no
28	2

Table 4 : People undergone traditional /ayurvedic antenatal care

yes	No
12	18

Table 5 : The number of participants who had taken Iron & folic acid tablets during pregnancy

Yes	no
29	1

Table 6 : Participants who had taken medicated oil massage during pregnancy

Yes	No
8	22

Table 7 : Hospital delivery cases

Yes	No
30	0

DATA RELATED TO POSTNATAL CARE:-

Table 8 : Type of post natal care participants opted after their delivery

System of medicine	Number
Traditional	30
Allopathy alone	0
Both	6

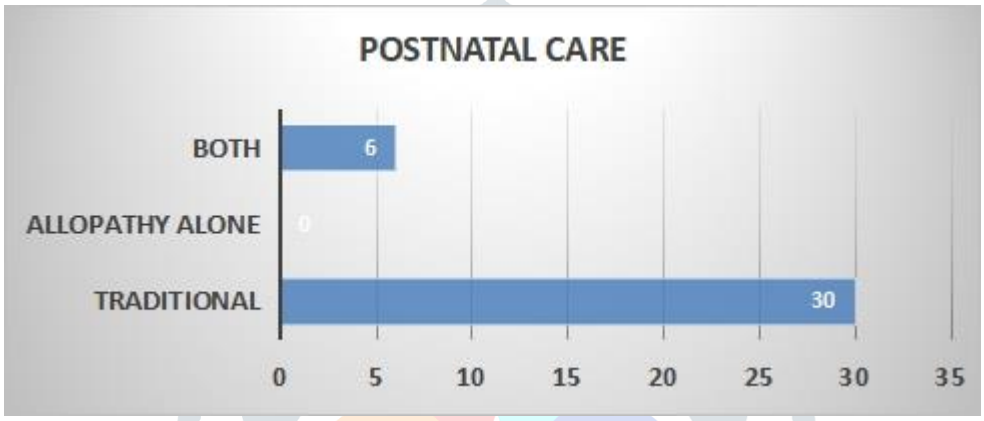

Fig no 1 option of participants after delivery

Table 9: Participants undergone 28 days of oil massage with medicated oil after delivery

yes	no
30	0

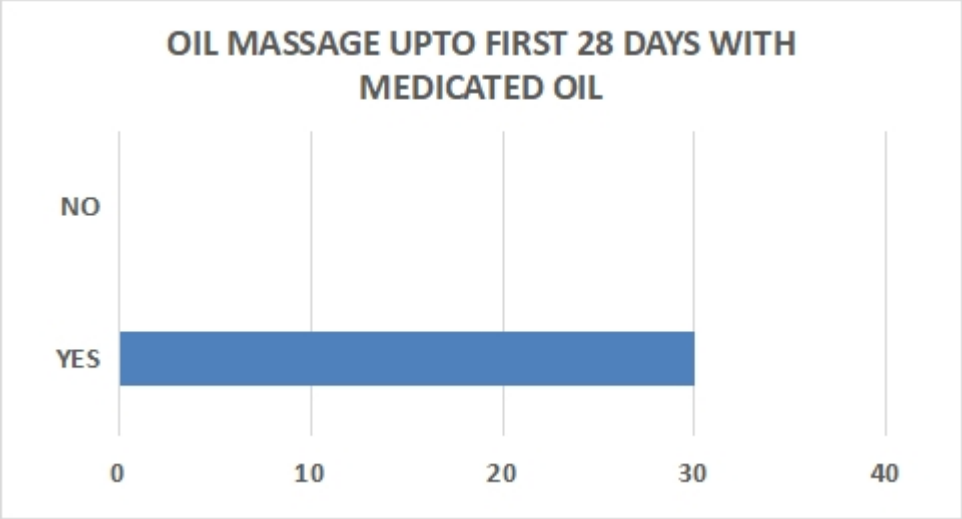

Fig 2 Postnatal oil massage

Table 10: Participants who believe in the Traditional system of perinatal care

Yes	No
30	0

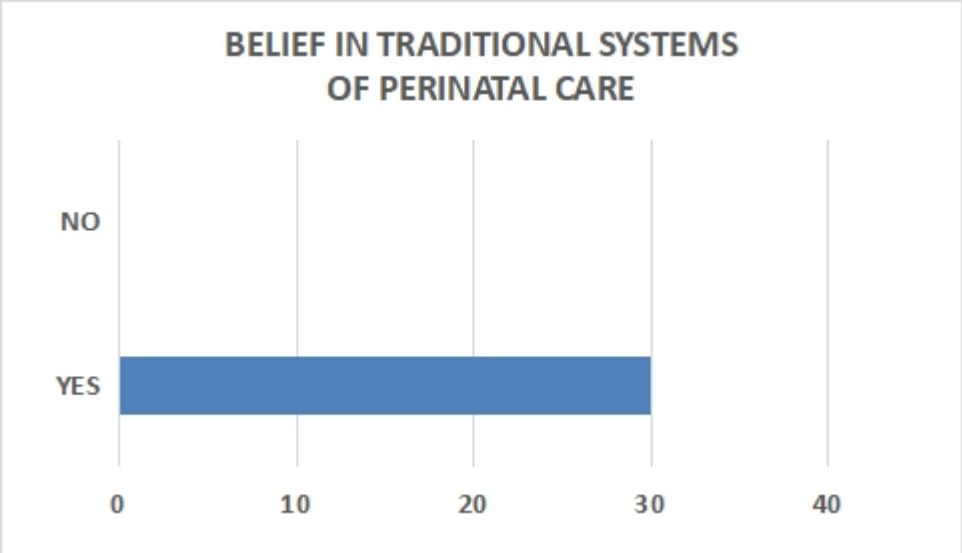

Fig 3 Participants who believe in the Traditional system of perinatal care

Detailed data collected from each zone rather than in the questionnaire

Data collected from **South zone:**

Antenatal:

- From 3rd month **kurumthottipalkashayam (decoction of sida with milk)**

- 4th-month regular **ghee** uptake advised
- 7th month onwards Abyanga with **Dhanwantharamkuzhampu/tailam**
- In 9th month 101 leaves **mukkudi** preparation (puttharichunda,kurumthotti etc..)

Postnatal:

- **Sathapushpa with jaggery**
- **Thumbayila** juice for 1st 3 days
- **Danwantharamkashayam** for 1 week
- **Chuvannullilehyam**
- **Kurinjikuzhampu**
- **Uluvalehya**
- **Thenginpookulalehyam**
- **Manjallehyam**
- **Jeerakarishta,dasamoolarishta**
- Boiled water with **jeeraka(fenugreek) /chiratta(outer part of coconut)**for drinking.
- In **Thiruvananthapuram** area after 21st day they use **10 individual leaves kurukku** with Karupettisarkara, coconut milk,and rice powder . Each leaf kurukku may use for 3 continuing days. The individual leaves are
    - Thiruthali
    - Karayila
    - Yasankila
    - Vellakunniyila
    - Seelanthiyila
    - Velparuthiyila
    - Kariveppila
    - Kilimara
    - Kudamanjal
    - Karinochiyila

- Abyanga with **danawantaramkuzhampu** everyday upto 90 days
- For bath use *Vethuvellam (*water boiled with nalpamarapatta, kurumulakinthandu, rakthachandana, mavila, muringatholi etc..)
- From **Neyyantikara**area a special **lehya** preparation

(adalodaka leaves,vellakunniyila,coconutoil,ariyaru,vellakunthirikkam each drug 1/2kg. dose 15ml two times before food.)

- A special ***Appam*** from Kottarakara region (narunnendi, kurumthotti, muthanga, karupettichakkara, oruveran, rice triturated to form a batter after that make APPAM by pouring this batter to hot coconut oil. Do not allow the patient to drink water after having this APPAM.)

Data collected from **North Zone**:

Antenatal:

- 3rd month onwards ***Kurumthottipalkshaya***
- ***Dhanwantaharamkuzhampu*** for abyanga
- In **Malappuram** area during this period they give milk,egg and leafy vegetables regularly upto delivery.
- **Sathavari** powder with mik

Postnatal :

- ***Sathavari powder*** with milk.
- ***Sapthasaramkashayam***
- Boiled water with ***Neyyvalli*** used for drinking
- After delivery for 1st 4 days giving ulli with jaggery(small onion with jaggery)
- **Uluvakanji**
- ***Vethuvellam*** with nalpamarapatta,nellikka
- Abyanga with ***danwantharamkuzhampu***
- **Dhanwantharamkashayam**
- ***Ullilehyam***
- ***Uluva*** (fenugreek) boiled milk for drinking
- ***Vattiyamutta (***half boiled egg)
- ***Draksharishtam***

- ***Mutton soup***
- ***Ajamamsarasayanam***
- In Malappuram area before 40th day giving ***kanji*** with kattumulla root, kattuthulasi root, sathapushpa, perumjeeraka, jeeraka, rice and coconut milk
- ***Thenginpookulalehyam***
- ***Manjallehyam***

Data collected from **Middle Zone**

Antenatal:

- ***Kurumthottipalkashayam***(decoction of sida with milk)
- ***Nayopayamkashayam*** upto 7th month
- After 7th month advise Abyanga with ***Dhanwantaramtailam***
- ***Mahadanwantaram tablet***
- ***Garbarakshinigulika***
- After 8th month ***sukaprasavagrutham/ thangasreegrutham/ manjishtadigrutham***
- 5th month onwards regular uptake of ***ghee***
- 7th month a special yoga (leaves of karimuthukku, karalakam, kanjikoorka, koovalam, thulasi, mavu, plavu with coconut milk.)
- ***Ajamodarka***
- ***Malarvellam*** for drinking

Postnatal;

- 1st 3 days ***dried ginger*** wth ***jaggery***
- For stout patient ***ginger juice*** with ***honey***
- After 3 days ***Danwantharam kashayam*** with ***Danawantaram 101 avarthi taila***
- ***Nadikashayam***
- ***Thippali kashyam***
- ***Dasamoolarishtam +jeerakarishtam***
- ***Ullilehyam***(lehya with small onion)

- ***Pulikuzhmpu*** for internal administration(it is a special lehya preparation using *kudampuli*as main ingredient)
- ***Danwantaramkuzhampu*** for abyanga(oil massage)
- ***Vethuvellam***forbath(avanakkila,nalpamarapatta,plavila,etc boiled water)
- ***Thrikatukadiirattikashayam***
- ***Kearasoonarasayanam***/thenginpookularasayanam
- ***Ajamamsarasayanam***
- ***Idimarunnu***(Kozhimarunnu)
- ***Attinbrath***
- ***Sathavarilehyam***
- Special ***PALKANJI*** from Guruvayoor area (milk + muthanga + njavararice + kurumthottiroot + murimarunnutholi)
- Special ***MARUNNUKANJI*** (jeeraka+kuruthotti root+ muthanga + pachamanjal + rice)
- Special yoga ***PALKOZHIPULI LEHYAM***
- PACHAMANJAL+SESAME OIL
- ***CHUVANNARATHA KASHAYA***
- ***ADA*** *with peru root and rice*
- **Unakkasravu** with kudampuli curry
- ***Marmakasaya***
- ***Panchajeerakagudam***
- ***Aswagandadilehyam***
- *External application of* ***Pachamanjal*** *regularly before bath*

Conclusion :

Ancient scholars of Ayurveda were very much aware about the need of maternal care during pregnancy. Garbhiniparicharya prescribed during samhita period are very much cope with Antenatal care set by modern gynecologists. Use of milk and other liquid diet in first trimester of pregnancy is essential to avoid dehydration and malnutrition and other complications of pregnancy. Gokshura and drugs of Prithakparnyadi group help in preventing edema which is very common after second trimester. Use of basti (enema) in last trimester is essential to relieve constipation, strengthen myometrium and helps in regulating their function during labour.

Garbhsthapaka drugs are used during pregnancy to counteract any etiology of abortion or intrauterine death if present and results in healthy baby.Traditional perinatal practices also found to be very logical so it is necessary to collect all data and by that protect our ancient knowledge. This study is a stepping stone for such valid data collection.

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