



Case Study

ROLE OF DASHAMULA KASHAYA AND DHANWANTARA TAILA YONI PICHU IN SUKHA PRASAVA - A CASE SERIES

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ABSTRACT

Pregnancy is one of the most important events in the life of every woman. Antenatal care is essential for diagnosis of high risk cases and for educating the pregnant women about the physiological changes and process of delivery. By these fear is removed and psychology of pregnant women improved. The main objective of antenatal care is to delivery healthy fetus from a healthy mother. The prevalence of the C-section in India was 8.5% in NFHS-3 while data in NFHS-4 showed that it has increased upto 17.2%. Thus, almost 9% has increased over 10 years. In the present scenario incidence of Caesarean section has been increased. When labour is induced with oxytocin or prostaglandin leads to cervical dystocia, uterine inertia are more evident. *Acharyas* are explained *Navama masa garbhini paricharya* for *Sukha prasava* or *Dhatu vridhhi*. *Basthi* which helps in *Vata anulomana* and softness *Kukshi, Kati* and *Parshwa pradesha*. **Aim and objective:** To achieve normal vaginal delivery without complication and to know the efficacy of Ayurveda treatment modalities in *Sukha prasava*. **Methodology:** Oral administration of *Dashamula kashya* 20 ml second hourly and *Dhanwantaram taila yoni pichu* till the full dilatation of cervix. **Results:** There is reduction in duration of first stage of labor. **Conclusion:** *Dashamula kashya* and *Yoni pichu* with *Dhanwantara taila* was effective in progress of labor without complication.

INTRODUCTION

Pregnancy is a state where woman require a particular dietary regimen, which helps in growth and nourishment of fetus. Passage through birth canal is difficult journey made by individual in her life. The risk is increased when labor is induced or augmented by different methods. Recent data from National Family Health survey reveals in India the rate of Caesarean section has been increased from 8.5% to 17.2% over the period [1]. The word '*Prakrit prasav*' i.e., normal labour is considered when it is *Svabhavika*-spontaneous onset, *Upasthitha kala*- upto term, *Avaksira*- Cephalic presentation, *Svabhavika kala*-Without long duration and *Upadravarahita*- Without having any complications [2].

During the time of labour, because of the action of *Prasuti Maruta*, head of the foetus gets turned and then it is expelled out through *Apatyapatha* (birth canal). *Acharya kashyapa*[3] mentioned at the time of *Prasava* women keeps her one leg in this *loka* and due to fear of maternal death and complication during labor, she keeps one leg in *Para loka*. *Garbha nishkramana kriya*[4] is a process of normal labor which occurs by the action of *Apana vayu*. For this process different methods of induction mentioned by *Acharyas* i.e., *Bahya* and *Abhyantara prayoga*. *Dashamula kashaya*[5] acts as *Tridoshahara*, *Amapachana* and *Shothahar* and *Anulomana* and *Dhanwantara taila*[6] *Yoni pichu* helps in *Vivardana* of *Yonimukha*.

AIMS AND OBJECTIVES

- To achieve *Sukha prasava* within normal duration and without complication
- To know the efficacy of *Dashamula kashaya* and *Dhanwantara taila yoni pichu*.

MATERIALS AND METHODS

Primigravida and Multigravida participants who fulfill the inclusion criteria were selected from OPD & IPD department of Prasuthi tantra and stree

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roga, Shree Dharmasthala Manjunatheswara college of Ayurveda and Hospital, Hassan.

Selection of Drug

- Acharya Charaka mentioned use of *Pichu* with drugs of madhura gana in 9th month of pregnancy
- *Dashamula Kashaya* which is prepared by using *Dashamula kwatha churna* given in the dose of 20ml second hourly till the progress of labor.

Inclusion Criteria

- Primigravida and Multigravida who are in between the age of 20-30 years.
- Participants having adequate pelvis and vertex presentation

Exclusion Criteria

- Participants having cephalo-pelvic disproportion

- Participants diagnosed with Diabetes mellitus, pre eclampsia, tuberculosis, cardiac disease.

Study Design

The participants fulfilling the criteria are selected. The following treatment modalities are carried out:

1. Oral administration of *Dashamula kwatha* 20ml given for every 2nd hour from the onset of labor pain till the full dilatation of cervix.
2. *Yoni pichu* with *Dhanwantaram taila* kept vaginally till *Amutrakala* or next micturation.

Assessment criteria

- Duration of stages of labor
- Bishop’s Score
- Partograph
- Observation for fetal well being (Apgar Score)

Table 1: Bishop’s score

	0	1	2	3
Cervical dilatation	Closed	1-2	3-4	5+
Effacement (%)	0-30%	40-50%	60-70%	80%
Cervical consistency	Firm	Medium	Soft	Soft
Position of cervix	Posterior	Mid line	Anterior	-
Head Station	-3	-2	-1, 0	+1, +2

Table 2: Apgar Score

	0	1	2
A- Activity	Absent	Arms and legs flexed	Active movements
P- Pulse	Absent	Below 100bpm	Over 100bpm
G- Grimace	Flaccid	Some flexion of extremities	Active motion
A- Appearance	Blue, pale	Body pink, extremities blue	Completely pink
R-Respiration	Absent	Slow, irregular	Vigorous cry

OBSERVATION

Case details

Case	Details of Vital	Pradhana vedana	Sthanika pareeksha (P/A)	Sthanika pareeksha (P/V)	Investigations
Case No 1	G2P1L1 with 40weeks	Pain in lower abdomen since morning	Uterus relaxed , cephalic presentation FHS Regular	Cervix 2- 3 cm dilatation 20-30% effacement Head -3 station Membrane- Intact	<ul style="list-style-type: none"> • A positive • All Blood investigation within normal limit • SLIUF of 33weeks 0 days • EFW: 2037
Case No.2	Primigravida with 39 weeks 1 day	Pain in lower abdomen since yesterday	Uterus mild contraction Cephalic presentation FHS regular	Cervix: 2-3 cm dilatation 30-40% effacement Head -2 station Membrane- Intact	<ul style="list-style-type: none"> • A positive • Blood investigations are within normal limit • SLIUF of 33 weeks 5 days • EFW:2151gms
Case No. 3	Primigravida with 38 weeks	Low back ache since morning	Uterus irritable Cephalic presentation FHS Regular	Cervix: 3-4 cm dilatation 50% effacement Head -2 station Membrane Intact	<ul style="list-style-type: none"> • O positive • Blood investigations are within normal limit • SLIUF of 33-34 weeks • EFW: 2224gms

Observation and result**Duration of stages of labor**

Case	Duration of stages of labor		
	First stage of labor	Second stage of labor	Third stage of labor
Case 1	12hours	25 minutes	5 minutes
Case 2	14hours	20 minutes	8 minutes
Case 3	12hours	15 minutes	5 minutes

Bishop's Score**Case 1**

Bishop's score	3.00pm	9.00pm	12.00am	3.00am
Cervical dilatation	2-3 cm	6cm	8cm	10cm
Effacement	20-30%	50-60%	70%	100%
Consistency	Medium	Medium	Soft	Soft
Position	Posterior	Anterior	Anterior	Anterior
Head station	-3	-3	-1	0

Case 2

Bishop's score	11.00pm	10.00 am	2.45 p m	3.30pm
Cervical dilatation	2-3 cm	6cm	9cm	10cm
Effacement	30-40%	60- 70 %	100%	100%
Consistency	Medium	Medium	Soft	Soft
Position	Posterior	Midline	Anterior	Anterior
Head station	-2	-2	0	+1

Case 3

Bishop's score	9.00 pm	12.00 am	6.30 am	10.15 am	10.35am
Cervical dilatation	4 cm	6cm	6- 7cm	8-9 cm	10cm
Effacement	50 %	60 - 70 %	70-80%	70-80%	100%
Consistency	Medium	Medium	Soft	Soft	Soft
Position	Mid line	Anterior	Anterior	Anterior	Anterior
Head station	-2	-2	-1	-1	+1

Result and Observation of fetal well being

Case	Mode of Delivery	Baby details	APGAR Score
Case 1	FTNVD with RMLE	Sex : Male baby Time: 3.28a.m. Weight: 3675gms	0 mint - 8/10 5 mint- 10/10
Case 2	FTNVD with RMLE	Sex: Female Time: 4.19p.m. Weight: 2375 gms	0 mint - 8/10 5 mint- 10/10
Case 3	FTNVD with RMLE	Sex: Male Time: 10.45 a.m. Weight: 2565 gms	0 mint - 8/10 5 mint - 10/10

DISCUSSION

Labour, the first journey in life to the earth needs a smooth passage and should have sufficient power so that the passenger can come out easily without undue prolongation. Proper functioning of *Apana vata* is essential for *Garbha Nishkramana kriya* as well as *Sukha Prasava*. The *parivartana* of fetus occurs by *Vyana vayu*, as it helps in movements i.e. expansion, contraction, upward, downward, oblique movement. These movements of *Vyana vata* helps in descent and flexion and internal rotation of fetus. The contraction and expansion of *Vyanavata* helps in

myometrial uterine contraction and dilatation of cervix. Therefore *Vata* plays an important role in *Sukhaprasava*. In third trimester there is vitiation of *Apana vayu*, for maintenance of these in 8th and 9th month *Yonipichu* and *Basthi* has been advised by different Acharyas. There are various formulation and treatment modalities from the beginning of preconception to *Garbhini Paricharya*. In the present case series oral administration of *Vatahara kashaya* and *Yoni pichu* having the properties of *Vatahara* are selected.

Ingredients: Dashamula^[7] kashaya

S.NO	Drug	Botanical name	Rasa , Guna	Veerya, Vipaka	Doshagna & Karmaghna
1.	<i>Bilva</i>	<i>Aegle marmelos</i> corr.	<i>Kashaya, Madhura, Tikta rasa, Laghu, Ruksha guna</i>	<i>Ushna veerya, Katu vipaka</i>	<i>Kaphavata shamaka, Grahi, Agnivardhaka, Vatavyadhi</i>
2.	<i>Agnimantha</i>	<i>Clerodendrum phlomidis</i> Linn Midis	<i>Kashaya, Katu, Tikta rasa, Laghu, Ruksha guna</i>	<i>Ushna veerya, Katu vipaka</i>	<i>Kaphavata shamaka, Anuloman, Vedanasthapana, Sterol produces prostaglandin</i>
3.	<i>Shyonaka</i>	<i>Oroxylum indicum</i> vent	<i>Kashaya, Tikta rasa, Laghu, Ruksha guna</i>	<i>Sheeta veerya, Katu vipaka</i>	<i>Kaphapittashamaka, Vedanasthapana</i>
4.	<i>Patala</i>	<i>Sterospermum chelonoides</i> Linn	<i>Kashaya, Madhura, Katu, Tikta rasa, Laghu, Ruksha guna</i>	<i>Ushna veerya, Katu vipaka</i>	<i>Tridoshahara, Vedanasthapana</i>
5.	<i>Gambhari</i>	<i>Gmelina arborea</i> Roxb.	<i>Kashaya, Madhura, Amla rasa, Guru, Sara, Snigdha guna</i>	<i>Sheeta veerya, Madhura vipaka</i>	<i>Vatapittahara, Vedanasthapana, Balya, Snehana</i>
6.	<i>Brihati</i>	<i>Solanum indicum</i> Linn	<i>Laghu guna, Tikta, Katu rasa</i>	<i>Ushna veerya, Katu vipaka</i>	<i>Kaphavatahara, Grahi</i>
7.	<i>Shalaparni</i>	<i>Desmodium Gangeticum</i> DC	<i>Madhura, Tikta Rasa, Guru Guna</i>	<i>Ushna veerya, Madhura vipaka</i>	<i>Tridoshahara, Snehana</i>
8.	<i>Prishniparni</i>	<i>Uraria picta</i> Desv.	<i>Laghu, Snigdha Guna, Madhura, Tikta Rasa</i>	<i>Ushna veerya, Madhura vipaka</i>	<i>Tridoshahara, Deepana, Snehana</i>
9.	<i>Kantakari</i>	<i>Solanum surattense</i> Burm.	<i>Laghu, Ruksha Guna, Katu, Tikta Rasa</i>	<i>Ushna veerya, Katu vipaka</i>	<i>Shothahara, Vedanasthapana</i>
10.	<i>Gokshura</i>	<i>Tribulus terrestris</i> Linn	<i>Guru, Snigdha guna, Madhura rasa</i>	<i>Sheeta veerya, Madhura vipaka</i>	<i>Vatahara, Anulomana, Balya, Vatashamaka</i>

Mode of action of Dashamula kashaya

Dashamula kashaya having the properties of *Katu rasa, Katu vipaka, Laghu, Rukshaguna, Ushna veerya* and *Tridosahara*. It is having Anti inflammatory, anti oxidant and analgesic action. By these properties it pacifies *Vata dosha* and also it indicated in all types of *Vatavyadhi*. The pharmacological properties of *Dashamula* are having active chemicals like Aegeline, chloroform extract of aerial part, aqueous extract of root bark, ethanol and methanolic extract of stem bark, these inhibits synthesis of prostaglandin and other inflammatory mediators^[8]. It also suppresses the activation of pro inflammatory cytokines. It inhibits the pain substance like histamine, serotonin and inhibit the cyclo oxygenease pathway. Alkaloids of *Dashamoola* having effect over HPO axis. Hence it helps in increases myometrial uterine contractions.

Mode of action of Yonipichu

Yoni pichu destroys the bacteria present in vaginal flora and softens the passage. The Stretching effect on cervix releases prostaglandin which helps in dilatation of cervix and initiation of uterine contraction. *Dhanwantaram taila* having the property of *Vatahara* helps in balancing *Apanavata*. *Tilataila* being *Vatahara* removes *Rukshata* and improves elasticity of pelvic floor thus helps in easy expulsion of fetus.

DISCUSSION

All three patients underwent normal vaginal delivery without any complications. In primigravida for normal vaginal delivery it takes 18hours, but in these cases there is reduction in duration of stages of labor and without intervention of augmentation drugs.

CONCLUSION

Proper following *Garbhini paricharya* does softness of *Garbhadharini, Kukshi, Kati, Parshwa* and helps in *Sukha prasava* without complication and delivered child have long, quality and healthiness thought out life. *Prasava paricharya* maintains *Vatadosha* in normalcy and helps in achieving *Shreyasi praja*. Hence the present study, Oral administration of *Dashamula kashaya* and *Yoni pichu* was helpful in *Sukhaprasava* without having any complication.

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