

## **PREFACE**

This exclusive Souvenir is brought out specially to mark the occasion of the “NIRUJA- Pleasure of Motherhood without pain” National seminar organized by the Parul Institutes of Ayurveda on April 07<sup>th</sup>, 2016.

Chairman and the Organizing Committee, places on record their deep sense of sincere thanks and gratitude towards all the guests, members, sponsors, organizations and Industries who have contributed through their Advertisements, Exhibits & valuable Participation. We are very thankful to all the learned speakers on this occasion. We are deeply indebted to the message received from dignitaries on this occasion. We are also thankful for the support by one and all and the tasks rendered by various committees towards organizing this event.

Organizing Committee  
Department of Stree Roga and Prasuti Tantra

## MESSAGE

I am very glad and feel honored to forward this message to Parul Institutes of Ayurveda on the occasion of your National Conference on Niruja 2016.

The event will be a great occasion for the members living around to meet and reminisce the days at Parul Institutes of Ayurveda.

It is with gratitude I say that Parul Institutes of Ayurveda have been generous in contributing to the well being for the past few years.

I am confident that the Parul Institutes of Ayurveda would set an example in offering help to students, research scholars to highest level.

Finally, I wish the Parul Institutes of Ayurveda all success in your NIRUJA 2016.

Dr. Jayesh Patel  
President  
Parul University  
Limda

## **MESSAGE**

It is with a sense of delight that I convey this message of best wishes on behalf of PARUL UNIVERSITY as you organize National conference Niruja 2016 with pride.

I am sure Parul Institute of Ayurveda will amplify these sentiments and the spirit of Niruja 2016 will be alight in the hearts of all the attending this event.

It is my wish this event will help to the students, researchers and staff to interact and focus on the unity of our purpose.

Here's wishing Niruja 2016 every success.

Dr. Devanshu Patel  
Vice President  
Parul University  
Limda

## MESSAGE

I am so pleased to offer my congratulations to Parul Institute of Ayurveda on the occasion of National Conference Niruja 2016 on Ayurvedic concepts of Sukha Prasava.

I feel very proud that such events are organized in the institutes. Though we are scattered all over the world, internet and websites etc. have made it easier for us to get closer, exchange ideas and work together for the betterment through such events.

I am very happy to know your effort in organizing National Conference. This is a needed service for teachers and students & among research scholars.

As you gather for this occasion, I would like to offer my best wishes for a most enjoyable day.

Dr. Parul Patel  
Managing Trustee  
Parul University  
Limda

## MESSAGE

It gives me great pleasure to welcome all members, and guests for Niruja 2016.

The Parul Institute of Ayurveda has actively participated in various events. The participation of eminent speakers, delegates and students on this very good occasion would have a meaningful impact on the participants and would also be an important contribution in the direction of practical implementation of Ayurvedic concepts with more practical view for the benefits of human kind.

I will conclude by taking this opportunity to thank those who have contributed to the success of National conference and to all our activities during the past few years.

Dr. Geetika Patel  
Managing Trustee and Managing Director  
Parul Sevashram Hospital  
Limda

## MESSAGE

"NIRUJA"-Painless Labour is Pleasure of Motherhood without pain. Safe and complicationless labours and undiseased progeny are important aspects discussed around the globe. Therefore, I am congratulating the organizing committee for selection of such a wonderful topic for the National Seminar.

I am very pleased to send this message to your members on this occasion of NIRUJA- Pleasure of Motherhood without pain of your Institute. Due to the enthusiasm and hard work of the founding members your Institute has grown to be an active and vibrant one.

The activities you organise to bring closer ties amongst the living in states and around the states and also interacting with other branch associations across the globe is very encouraging. The students continue their studies under most trying conditions and the assistance you provide to alleviate this is very much appreciated.

I wish to congratulate the members of the Parul Institute of Ayurveda for all the good work you have done this last decade to foster goodwill amongst members.

I hope this Seminar will end with the positive outcomes which will throw the light on various parameters which can be used for painless labour i.e. safe motherhood and healthy offspring.

I convey our greetings and good wishes on this happy occasion of your NIRUJA- Pleasure of Motherhood without pain and also wish you all the best for the future too.

Dr. Manoj Nesari  
Joint Advisor Ayurveda  
Department of Ayush  
New Delhi

## **MESSAGE**

Seminars and workshops are the prominent sources for the faculty development and knowledge gaining process for the students. Such activities at regular intervals are required to update the sources of informations, knowledge about new interventions and development of latest methodologies required for the concerned subjects.

I am happy to know that the Niruja 2016 National conference is being organized at Parul Institute of Ayurveda, Limda on 7<sup>th</sup> April 2016. I wish that all the participants of this conference enjoy high-level scientific deliberation, hospitality and social interaction. I also wish all the best to the organizers of the conference.

Mr. Ketan Kotecha  
Honorable Provost  
Parul University

## MESSAGE

It is a matter of great pleasure that the pg department of Prasuti Tantra and Stree Roga of faculty of Ayurveda is organizing a national conference on Ayurvedic concepts of sukha prasava – niruja on april 7, 2016, at parul university.

Thousands of years ago in the cradle of civilization, mother India conceived a natural Ayurvedic approach to nature parents and babies through the journey of creation. Today, with the world's second largest population, India is accumulated wisdom complements modern obstetrics, offering tips for a healthy pregnancy smooth delivery and blissful baby.

Well being of Garbha can be achieved only through of the wellness of the Garbhini, wellness of the pregnant women is maintained through proper Garbhini Paricharya right from the confirmation of pregnancy till delivery. Garbhini Paricyharya means caring for the pregnant women in the form of Ahara (Diet), Vihar (life style), Oushadha (medications) and Paramarsh (counseling) and preparing her for Sukha Prasava, both mentally and physically.

This conference will help to standardize this time tested approach in the field of Prasuti with the help of modern science. I suggest all delegates to utilize the platform for scientific understanding, involve in quality deliberations and strengthen the fundamental concepts of learning

On behalf of the Gujarat Ayurved University, I wish the Conference a grand success.



Rajesh Kotecha  
Vice-Chancellor  
Padmashri Awardee  
Date: April 4, 2016.



## MESSAGE

"Success comes to those who work hard and stays with those, who don't rest on the laurels of the past." We live today in a world that is so very different from the one we grew up in, the one we were educated in. The world today is changing at such an accelerated rate and we as educators need to pause and reflect on this entire system of Education. Parul Institute of Ayurveda is a milestone that marks our growth, unfolds our imaginations, and gives life to our thoughts and aspirations.

I feel extremely pleased and proud to place this exclusive issue of the Magazine the "SOUVENIR" in the pious hands of our esteemed stakeholders.

I congratulate the entire souvenir team for their hard work and dedication in making this dream come true. It unleashes a wide spectrum of creative skills this souvenir provides a proper platform to students and staff members to show case their creative talents in print ranging from writing articles, abstracts, posters to editing and even in designing the souvenir.

I congratulate and thank all students and staff members, who have contributed their valuable creations for publication in this issue. I also take this opportunity to appreciate the strenuous efforts made by the editorial board constituted for this task.

A committed and supportive management, dedicated teachers, caring blend harmoniously to create NIRUJA-2016, Pleasure of Motherhood without pain to a huge success.

Teamwork is the hallmark of Parul Institute of Ayurveda. I am very sure through collaborative effort we can achieve more to benefit our students who are the future leaders of tomorrow.

I convey my good wishes to all the readers and wish them a happy and enjoyable reading.

Dr. Hemant Toshikhane  
Dean  
Faculty of Ayurved  
Parul University  
Limda

# ARTICLES

## PRASAVA – A BIRDS VIEW INTO AYURVEDIC LITERATURE

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Pregnancy and childbirth are the unique and most cherished experiences of a female in her life time. A woman has to greet many new changes and feel an entirely different experience in her journey through this pregnancy and delivery. Before the enormous joy which baby brings to her, she has to undergo the critical and painful even embarrassing moments of labour. The quotation from literature stating, during labour lady stays with only one leg in this world and the other leg in Yamakula rightly explains the graveness of the situation. Efforts and attempts are being made to ease the pain of labour and to reduce the mortality and morbidity of labour from time immemorial and a lot of alternatives are put forth, still nothing could make the labour a totally pain free experience. The very first reference of this was found in the classics of Ayurveda in the name of Sukhaprasava.

Sukhaprasava is a relative term, it is not something, which is imposed all of a sudden on a labouring women. It is the collective result of many factors. In the classics of Ayurveda, garbhiniparicharya starts from the first day of pregnancy, which is not possible unless the pregnancy is a well-planned, well-prepared process. The planning for pregnancy is something, which is emerging out as a new trend in the modern obstetrics. The strict implementation of this can avoid a good number of congenital malformations, birth defects and other pathologies of pregnancy. Intake of antiepileptic, analgesics, antibiotics, steroidal hormones etc. for varied reasons in the early embryonic period can adversely affect the foetal well-being. Smoking, alcohol, drug abuse which is very common in the modern world can also have grave consequences in the obstetric outcome. The shodana karmas, a preparatory procedure of garbhadasanam, renders purification of body, maintaining abstinence with a good dietary regimen improves the health status of the couple, thereby ensuring the good quality of the gametes.

The dietetic regimen advised for a pregnant woman containing plenty of milk, butter, ghee, honey, liquids and semisolid things have rich nutritive value. Also substances like ghrita, navaneetha, and milk etc. dairy products contain the saturated fatty acids like butyric acid, myristic acid, some of which are essential for the antimicrobial activities. Monoglycerides rich in ghrita are helpful in the formation of lung surfactants. Hence the dietetics advised not only meets the nutritional requirement but also maintains good health and alleviates the minor complaints associated with pregnancy like nausea, vomiting, anaemia, pedal oedema, constipation etc. In the beginning though they are benign if neglected may prove dangerous to both mother and child. A healthy mother only can take up the stress and strain of labour more efficiently. Psychology of a pregnant woman plays major role in the release of hormones related with pregnancy and labour. Any anxiety or stress enhances the release of catecholamine. A spiritual attitude, serene mood created by the life style of garbhini induces a tranquil mind and good pain tolerance. Avoiding travelling, excessive coitus, strenuous activities, sudden jerks and hocks prevents the possibilities of early pregnancy loss or preterm births. Avoiding eatables with hot spice, dry stale things, over eating and fasting keeps the digestive tract healthy and maintains good absorptive ability. Thus with the periodic antenatal check-up and properly given garbhiniparicharya lady enters into labour in a healthy state at an appropriate time and delivers without any complications.

### Prasava Kala:

Total period of gestation for the maturity and delivery of the foetus is considered as 280 days from the 1<sup>st</sup> day of the last menstrual cycle and 266 days from the day of ovulation. In the texts of Ayurveda, prasavakala starts from the beginning of 9<sup>th</sup> month and continues till the completion of 12 months wherein 9-10<sup>th</sup> month are the best period, 11 and 12<sup>th</sup> being madhyamaprasavakala. Before the 9<sup>th</sup> month and above 12<sup>th</sup> month it is akalaprasava and is vikarakari or vaikarika. Once again apanavatadusti is responsible for the akala or kalatheetaprasava of the child. The wide range given for the prasavakala may be in order to include the exceptional cases where menstrual cycles are irregular with uncertain day of ovulation, conception in lactational amenorrhea period or according to the variations described in the rutukala in Ayurveda. Timely delivery with paripoornadeha is also a criterion to consider for the Sukhaprasava.

**Prasavakaranani:**

Nature is the supreme power. Period of gestation is fixed differently for different species. Nature is the one which cannot be changed and is inherent to every species. For elephant it is 22 months, for Apes, Dogs and cats it is only 60 days and for human beings it is dashamasa. This decision of nature is told as swabhava by the authors and is considered as one of the causes of labour. AcharyaCharaka rightly said swabhavonishprathikriya which means swabhava is the one which cannot be changed. But due to the influence of other factors there may be exceptions for this normalcy.

The other cause being nadinibandhamukti, where the release of foetal bonds is leading it for expulsion; the functional detachment of the fetoplacental unit through the enzymatic changes or its nutritional deprivation can be the nadibandhanamukti.

Kala prakarsha is the other cause which explains the changes occurring in foetal placental unit with time. With the simile of a ripe fruit getting detached from tree and falling down, foetal detachment and expulsion are explained.

Garbhavasavairagya refers to the aversion in the mind of foetus from garbhavasa and progression towards leading an independent life. Since it is related with the hypothalamic functions, the changes in the hypothalamo pituitary axis of foetus in bringing about the labour may be the causes referred by the word garbhavasavairagya. In case of absence of brain like anencephaly delay in onset of labour proves the role of hypothalamo pituitary axis in the onset of labour.

Gartrasampornatha explains the maximum stretching theory of labour onset. The stretch of the muscle fibres of uterus at the end of pregnancy makes the uterus highly excitable and in association with other changes it contributes for the labour onset. The pre-term labour occurring in twin pregnancy, in poly hydramnios are because of this reason only. Normal apanavayu tries to push out the mature or sarvangasampoornagarbha to the outer world in normalcy, which can competently live outside the womb. Thus the descriptions given in the modern text regarding the causes of onset of labour with their entire advanced investigative tools in brief condenses to the single word explanation of our Acharyas.

Prasuti marutha that is the Apanavata is attributed with the function of sukhaprasava. Normal anulomagati of which is one of the important cause in bringing about the smooth expulsion of foetus in an uncomplicated manner. Hence in the entire garbhiniparicharya causes of vataprakopa are avoided. The list of garbhopaghathakarabhas also constitutes mainly the factors vitiating vata. To ensure the normalcy of Apanavatabasti's are indicated in 8<sup>th</sup> month and pichu and anuvasanabasti in the 9<sup>th</sup> month which brings about the softening of the cervix uteri.

**Stages of Labour:**

Labour is a continuous process but for the sake of explanation arbitrarily it has been divided into several stages, mainly three but by adding the preparatory or pre monitory stage and ending or recovering phase it is also said as five stages. In the texts of Ayurveda these stages are explained under different headings, not as stages. AcharyaSushruta starts the labour description with prajayinilaxana, which deals about the preparatory symptoms of labour like lightening of abdomen due to sinking of foetal head into pelvic brim and relieving the pressure exerted on the diaphragm. Same is told as prasavotsukha by Bhavamishra. In other classics, these symptoms are not explained as a separate entity. Including many more features of advanced labour together it is described as prajananakalabimatha (Charaka) or asannaprasava (Vagbhata) which narrates the symptoms of complete first stage of labour. Laxanas mentioned here like gathraclama, ananaglani, akshishaithilya though are not found in the modern classics. The lady at term pregnancy entering into labour if keenly observed the above mentioned observations are quite naturally seen in many of the patients. Hence, it is an observational finding after seeing a good number of patients but not associated with any significant objective finding. In the folklore practices and midwifery techniques these lakshanas are still used to predict the onset of labour. Other than prajayinilakshanas, further the 'show' that is yoni prasaravana, pain around the pelvic girdle appearance of true labour pain that is avi, gharbodhakasruthi that is draining of amniotic fluid are the symptoms of further progress of labour. With the head in pelvic cavity its pressure over bladder and rectum causes increased pravritti of mala and

mutravegas. The next stage events of labour like descent, rotation and expulsion associated with the bearing down efforts are given under the heading of parivarthithagarba. The pains become more intense, foetus descends down and catches bastishira, there is cutting and tearing type of pain in yoni, all these laxanas are indicative of the near approaching second stage of labour.

The mechanism of labour though not explained distinctly diagnosis of the clinical manifestation of its steps is very clearly mentioned. Words like kukshiavasramsana, adhogurutwa, bastishirshaavagrahana, sankuchitangata, parivartana are referring to the mechanisms. But these descriptions are limited up to internal rotation only. Further steps like restitution, external rotation and expulsion are not described in Ayurveda. In strict sense these movements are the corrective gestures of the foetus to restore its body position straight and are spontaneous in nature. At times, the shoulder follows the head so instantly even without rotating itself straight to the antero posterior diameter of pelvis. For these reasons Acharyas might not have dealt with the further steps of mechanisms of labour.

Importance given to the complete expulsion of placenta, methods of extraction in case of retention like hasta nishkasana gives the picture of completeness of their knowledge in prasava. Explanation of moodagarbha, which is complete and relevant even for today's obstetric practice, is another example to this.

Avi's are described as the painful contractions during labour. They represent the contraction, relaxation/ retraction of uterine smooth muscles facilitating labour. Apanavata and vyanavata are responsible for timely onset, smooth progression and normal power of these Avi's. At the time of labour the avi's are further being assisted by the grahishoola referred by kashyapa. Without Avi however severe the grahishoola may be it is unable to bring out the baby. If the Avi's are mild and delayed it may cause distress in labour. In case of prolonged labour with hypotonic uterine contractions baby is more prone for distress.

Maternal efforts in order to push the foetus out when the cervix is fully dilated are called as pravahana. It is a must for the expulsion of foetus. From the time of full dilatation, it has to be started and gradually intensified. The initial mild pravahanas will help the descent of the fetus. Gadhatharapravahanas will bring down the fetus to perineum with internal rotation. When the fetus is at the introitus bulging it, then gadhathamapravahanas or maximum intensity of bearing down is required. When head stays over the perineum for long durations this compression may compromise the circulation to the foetal brain and may cause mookata, kubjata, badhirata or other multiple deficits like in cerebral palsy or mentally retarded child due to birth asphyxia. Premature breathing efforts done by the fetus during this prolonged stay on the perineum may cause aspiration of amniotic fluid into the respiratory apparatus and thus further may complicate with kasa, shwasa like symptoms. Thus untimely done pravahana and apravahana during appropriate time affects the foetus.

Regarding having nutritious, high calorific still easily digestible food in semi-solid or liquid state, bowel and bladder care etc. are the matters having equal importance and similarity in descriptions at par with modern science. About the position in early labour, bhoomishayana or lying down on floor is advised but at the time of labour after the descent of the head paryankaropana is particularly said by Charaka, Vagbhata and Kashyapaacharyas. During long hours of first stage of labour, labour table may be a congested place to rest and to roll over. A wider space on the floor with a soft bed can provide more place and comfort to the patient. Sitting in sukhasana like postures, getting up from floor and walking may also help in the descent of head to certain extent hence in the initial hours bhoomishayana is advised. At the end to give proper perineal support, to drain the amniotic fluid down in order to prevent soiling of patients back by these fluids paryankaropana is the better option.

Labour management in Indian settings in patient's angle if seen, it is yet to be modernized. Except for caesarean section, patient's written consent is not taken for amniotomy or forceps application like minor procedures. Quality of antenatal and intra natal education system also is in primitive states. Allowing a companion into the labour room during delivery is something read only in the text books. The reasons for less active participation of patients and her party here may be because of low state of information and education particularly regarding this subject in the society. But in the private hospitals with high socio-economic group of patients the modern trends of antenatal classes, preparing for labour, allowing

companions inside etc., are being started. They provide the knowledge of the process of labour to the patients through the consultants. By doing so patient can better understand what is going on, what are the complications expected and how best she can cope up with it. At the same time it can also give rise to unnecessary apprehensions regarding the complications.

An Obstetricians armamentarium should be equipped essentially with the safe and effective drugs to induce, enhance or augment and to shorten the labour whenever necessary. References of a good number of drugs are available in the Ayurvedic classics at various instances like sukhaprasava, vilambitaprasava, garbasanga, aparasanga, moodagarbha and mratagarbha. However, most of them are only in the books but not tried clinically if tried also they are for the sake of completion of the PG thesis. The practicing Ayurvedic Obstetricians are also invariably using the modern medicine for these indications due to lack of proper clinical studies. Though some of the drugs like kebuka, langali, vacha, pippalilepa, vasa, eranda, pothakimoolaetc are tried, solid conclusions or consistent results could not be drawn and ultimately oxytocin remains as the sole answer for all problems of power in prasava. Hence, there is a need to further explore and establish an oxytotic drug with reliable efficacy from the indigenous system of medicine for its Obstetricians.

# ROLE OF SHATAVARI KSHEERA BASTI IN THE MANAGEMENT OF GHARBHA KSHAYA (IUGR) A CASE STUDY

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## Introduction:

Low Birth Weight (LBW) results from preterm births (PTB), Intra-Uterine Growth Retardation (IUGR) or both. It has high prevalence in many developing countries and is an important clinical issue in developed countries.

Low birth weight is a major determinant of mortality, morbidity and disability in infancy and childhood and also has a long-term impact on health outcomes in adult life. WHO record show; 30 million low-birth-weight babies born annually (23.8% of all births) often face severe short- and long-term health consequences.<sup>[2]</sup> The consequences of poor nutritional status and inadequate nutritional intake of women during pregnancy not only directly affect women's health status, but may also have a negative impact on birth weight and fetal development. LBW also results in substantial costs to the health sector and imposes a significant burden on the society as a whole. Whereas the global prevalence of such births is slowly dropping, it is still as high as 30% in many developing countries.<sup>[3]</sup>

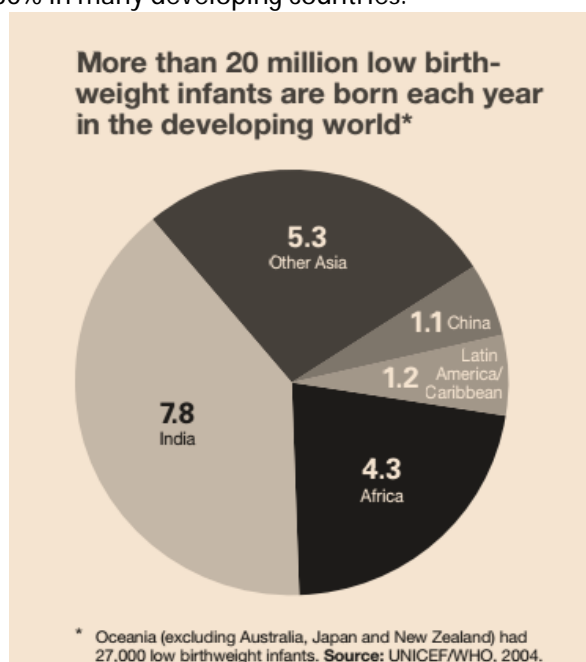


Figure 1 – Statistics showing Low Birth Weight infants – 2004 (UNICEF/WHO)

## Case report:

A 22-year-old, primi gravida (G1,P0) patient presented at 33 weeks' gestation with lower abdominal pain and leaking per vaginam since the last 24 hours. On examination, abdomen was not much protruded which suggested less fundal height comparative to the gestational age. The vertex presentation was low lying which confirmed the foetal head was at '0' station and premature vigorous contractions were noted. The patient had no systemic disease. All laboratory investigations were within the normal range except for hemoglobin which was 9.3 gm% and fundal height at 28 wks. Fetal movement was present with normal fetal heart rate.

According to USG Report, 31 week normal foetus with Bi Parietal Diameter (BPD) 31.5 wks, Femur length (FL) 32 wks, Head Circumference (HC) 31 wks, Abdominal Circumference (AC) 22 wks, Amniotic fluid – Adequate and Embryo Weight (EW) 1.9kg [Figure 2]. She was admitted in the Streeroga & Prasutitantra IPD ward for management.

Obstetric U.S.G.

Gestational Sac : Location \_\_\_\_\_ Volume : \_\_\_\_\_

Cardiac Activity \_\_\_\_\_ CRL \_\_\_\_\_

Wks of gestation \_\_\_\_\_

Internal os : closed/open \_\_\_\_\_

-Gestation : Single/Multiple-Presentation \_\_\_\_\_

-Biometry :

BPD 31.5 mm 16.4 wks

FL 32.2 mm 32 wks

HC 31 mm 31 wks

AC 22 mm 22 wks

L.M.P. 32 wks

E.D.D. According to U.S.G. 17/01/13

Congenital Malformation : Spinal cord

Placental Site : Placenta upper

Placental abnormality : not.

Amniotic Fluid : Quantity : adequate

Foetal Weight : 1.9 kg

Umbilical Cord : 2 cm

Any other abnormality : 2 cm

Figure 2 - USG Report soon after admission: 31 weeks normal foetus with Bi Parietal Diameter (BPD) 31.5 wks, Femur length (FL) 32 wks, Head Circumference (HC) 31 wks, Abdominal Circumference (AC) 22 wks, Amniotic fluid – Adequate and Embryo Weight (EW) 1.9kg

### Management and Observation:

The patient was treated orally with Laghuvasanthamalati Rasa 250mg, Rasayana Churna (Guduchi-*Tinospora cordifolia*, Gokshura-*Tribulus terrestris*, Amalaki-*Embalica officinalis* in equal amounts) 3grams & Chandraprabha vati 2 tab 2 times per day to manage main complains of lower abdominal pain and leaking per vaginum. Two days after administering oral drug, complete relief of pain and no leaking was observed. On the third day she was given Shatavari Ksheera Basti early morning continuously for 15 days.

Preparation of Basti: For 500 ml milk, 20 grams of Shatawari churna (fine powder of Shatavari) was added followed by water till 750 ml of total liquid amount. Next it was boiled in mild heat till reduced to 500ml, removed from fire and allowed it to cool down until luke warm. Before administration of Basti, the patient was asked to avoid breakfast. The patient was placed on left lateral position with left lower extremity straitened and right lower extremity flexed on knee and hip joint and her left hand below the head. 500 ml of Shatavari Ksheera was taken in enema can. The lubricated nozzle with oil was attached to end of the tube of enema can. After releasing trapped air from enema tube, nozzle was inserted into the anal canal up to 4 inches approximately while facilitating the patient to take deep breaths while the medicated milk Basti was introduced. After the administration of Basti the patient was advised to lie-down in supine position for ten minutes and transferred to bed to rest. The same procedure was continued for 15days followed by USG by the expert sonologist in the hospital of Institute of Post Graduate Teaching and Research in Ayurved Gujarat Ayurved University Jamnagar – Gujarat, India.





effect reported throughout the management. The mode of treatment was found to be cost-effective, safe, and easy to implement.

### Conclusion:

This single case study demonstrates that Ksheera medicated with Shatavari which contains high nutrients, applied through rectal route enhances absorption while possessing maximum therapeutic value. A drug that is administered rectally will in general (depending on the drug) have a faster onset, rapid absorption, higher bioavailability, shorter peak, and shorter duration than the oral route for its therapeutic action.<sup>[11]</sup>

In addition, the rectal route bypasses around two third of the first-pass metabolism as the rectum's venous drainage is two third systemic (middle and inferior rectal vein) and one third portal (superior rectal vein). This means the drug will reach the circulatory system with significantly less alteration and in greater concentrations.<sup>[11]</sup> That means nutritive and therapeutic enema will reach the circulation with less alteration and in greater concentrations.

As shown in the above case study Shatawari Ksheera Basti is effective to relieve Garbha Kshaya and this can be established as a line of treatment for Garbha Kshaya (IUGR). On the other hand LBW is a significant burden in developing countries. Hence Shatavari Ksheera Basti at the eight month of pregnancy onwards could be used as an adequate, unique treatment to tackle the present prevalence of LBW.

### References:

1. Prof. Dr.Usha VNK, Prasutitantra-A text book of Obstetrics, Chaukhamba Sanskrit Pratishthan – Delhi, First edition, India,(2012), Vol. I – Section 4 - Chapter 16/ Gharbha Kshya, Page No. 498.
2. WHO, Development of a Strategy To-wards Promoting Optimal Fetal Growth, Nutrition: Nutrition topics: Nutrition health topics: Feto-maternal nutrition and low birth weight, (2013), [http://www.who.int/nutrition/topics/lbw\\_strategy\\_background.pdf](http://www.who.int/nutrition/topics/lbw_strategy_background.pdf) (06/05/13).
3. WHO, Feto-maternal nutrition and low birth weight, Nutrition, (2013), [http://www.who.int/nutrition/topics/feto\\_maternal/en/](http://www.who.int/nutrition/topics/feto_maternal/en/) (12.05.2013).
4. Susruta, Susruta Samhita, Chaukhamba Orientalia, Varanasi, 4<sup>th</sup> edition, India, (1980), Sutrasthana, (15/12).
5. Wikipedia, Asparagus\_racemosus, Wikipedia The Free Encyclopedia, (2013), [http://en.wikipedia.org/wiki/Asparagus\\_racemosus](http://en.wikipedia.org/wiki/Asparagus_racemosus) (06/05/13)
6. Prof. Dr Thiwari P V, Ayurvediya Prasuti Tantra Evam Stri Roga - Part I/ Prasutitantra, Chaukhamba Orientalia, Varanasi, 2<sup>nd</sup> edition, India, (1999 – reprint 2009), Page No. 374
7. [Dr Prem, Health benefits of Shathawari for women, DIY Health, \(2012\), http://www.diyhealth.com/health-benefits-shatavari-women.html](http://www.diyhealth.com/health-benefits-shatavari-women.html) (06/05/13)
8. Prof. Dr Thiwari P V, Kasyapa samhita - Text with English Translation & Commentry, Chaukhamba Visvabharati - Varanasi, 1<sup>st</sup> edition, India, (Reprint 2008), Page No. 348
9. Mukund Sabnis, Chemistry & Pharmacology of Ayurvedic Medicinal Plants First,Chaukhambha Amarabharati Prakashan – Varanasi, 1<sup>st</sup> edition, India, (2006), Part II Chapter 9 Page No.117.
10. Wikipedia, Milk, Wikipedia The Free Encyclopedia, (2013), <http://en.wikipedia.org/wiki/Milk> (06/05/13)
11. Wikipedia, Rectal (medicine), Wikipedia The Free Encyclopedia, (2013), [http://en.wikipedia.org/wiki/Rectal\\_\(medicine\)](http://en.wikipedia.org/wiki/Rectal_(medicine)) (06/05/13)

## **SUKHPRASAV (PAINLESS LABOUR)**

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Prasav (Delivery) is a natural phenomenon to mankind. Motherhood is a dream of every married woman. Our ancient Acharya Charak was also quoted about this as: Sampurna Dehah Samaye Sukham cha Garbhah Kathan Ken cha Jayate Stree.

Further he mentioned that due to purity of Shukra, Artav, Atma, Garbhashay and Ritukal, with use of the suitable diet and habit in practice. Garbha took the shape of whole body and is timely delivered without pain.

It seems that they mentioned the natural process of delivery which is painless in general and painful in some extraordinary conditions.

All mothers who are on the verge of motherhood have one common fear. The fear is of acute labor pain during the time of childbirth. The quantum of pain varies from one mother to another mother. Some has very less labor pain and the pregnancy is easy and many have long delayed labor pain. Labor pain is severe for most women who do not receive pain relief. With advent of modern medicine and availability of techniques with skilled practitioners, it is now possible to relieve the pain of labor. Management of pain is the most crucial thing in the delivery of baby and painless delivery techniques are providing respite from excessive pain, be it in normal deliveries or caesarean (that need operations). The technique of painless delivery called as Epidural Analgesia or Epidural Anaesthesia, is a popular technique used by women, if advised by the doctor, during labor. The technique is not only cost-effective, but also gives relief from unbearable labor pain during deliveries. In fact most of those going for it are educated and come from well-off families. As threshold to bear labor pain among women has reduced, they prefer to go for epidural anaesthesia. Most of patients come to the Obs. Gyn. after knowing about it from friends and relatives. With women postponing motherhood till late thirties and conditions like obesity and hypertension, chances for normal delivery become less as one grows old, threshold to bear pain also reduces but epidural anaesthesia increases chances of having normal deliveries. The chances for normal delivery were becoming less with women postponing motherhood till late thirties, with conditions like obesity, diabetics and hypertension. These mothers are very apprehensive regarding pain during labour and they want to deliver a baby without pain. They have lot of questions about their delivery. They develop misconceptions and fears regarding pregnancy and labor. Their queries should be solved by counselling. The perception of pain during labor and delivery varies between individuals. Specially, the first-time mothers need a proper antenatal counselling regarding good nutritious diet, antenatal exercises and physiology of labor pains.

For Painless Delivery, the technique of Epidural Analgesia or Epidural Anaesthesia is applied by an expert anaesthesiologist. It is a regional anaesthesia in which an anaesthetic drug is injected in the epidural space with help of Epidural needle and catheter. It is a very popular technique easily accepted by women if advised by the Obs. Gynaecologist, during labor. It gives relief from unbearable labor pain during deliveries. Such deliveries are rising day by day. It is mandatory to perform this under supervision of an anaesthesiologist and Obstetrician Gynaecologist with monitoring the blood pressure, pulse rate and to check the epidural performance. The foetal heart rate will be checked intermittently or continuously. Like all other treatments epidural delivery also has pros and cons.

In an Epidural procedure a small injection is placed in lower back, through which a fine tube (epidural catheter), the size of a thread, is passed into back. Drugs can be injected through this tube to relieve the pain of labor. These drugs are local anaesthetics which cause numbing of the nerves and pain sensation without affecting the ability to move. These drugs are also very safe for the baby. With an epidural in place, mother may feel the contractions, but they will not be painful. It provides respite to expectant mother from unbearable pain during delivery. The anaesthesiologist and the nurse will check that the epidural is working well.

Pain is the reason to have epidural and whenever your pain is significant you can request for an epidural. All women in labor who need pain relief can have an epidural, except those on blood thinning drugs or abnormal blood tests. Epidural is not necessary for everyone to have delivery, but it can be beneficial in reducing the pain of labor. The woman only needs to be in established labor, but there is no need to wait for a particular dilatation of the cervix. Also in those very anxious or keen to have an epidural, it can be placed at a convenient time before the labor pain is too bad, so that patient cooperation is better.

It numbs the body below the waist, but the movements are not impaired. It is administered when the patient is in active labor. It can be given as a single injection or in multiple doses through a special epidural catheter by a skilled anaesthetist.

### **Technique of Epidural analgesia:**

Dura is a thin covering on the human brain which extends from the skull downwards through the spinal column covering the nerves leaving the spinal cord and ends at the sacrum. From the skin if one approaches the spinal cord then there are following layers that will be encountered – skin, subcutaneous tissue, supraspinous ligament, infra spinous ligament, ligamentum flavum, dura and lastly the spinal cord.

Epidural space is the space between the dura and the Ligamentum Flavum. In common language it means the space that lies outside the dura is epidural space. If one enters inside the dura or goes beyond the dura then it is called intradural space.

When anesthetic medications like opioid agents or local anesthetic agents are deposited in the epidural space it can be used either to cause analgesia (relief from pain) or anaesthesia (where there is total numbness and an operation can be performed on a patient).

The anaesthetic medications which are deposited in the epidural space act by two mechanisms. The nerves that are leaving the spinal column are blocked by these medicines hence the nerve conduction is blocked and hence analgesia or anaesthesia is achieved depending upon the dosage of the medicine.

There are opioid receptors in the spinal column that are blocked by these opioid medicines, which then results in pain relief or anaesthesia.

The concentration of the medicine determines whether the medication is an analgesic or anaesthetic in nature. When higher concentration of a medicine is used it will block all the sensations carried by that nerve and lead to anaesthesia. If the same medicine is used in lower concentration it will block only the pain fibers and will cause analgesia which means only the pain relief without causing muscle weakness.

This mechanism is used in giving labour analgesia or what is commonly called as painless labour. Here the nerves that carry pain sensation — caused by strong uterine contractions — is blocked at the spinal level and not allowed to reach the brain; where normally humans feel pain. Therefore, the pregnant woman can deliver the child with very little or no pain.

### **Administration:**

There are two main techniques to administer an epidural, they are:

- **Single shot epidural:** The epidural space is usually injected with opioid medication, by injecting it into the epidural space. This usually involves the doctor administering an injection on the patient's back (in the cervical, thoracic or lumbar region).
- **Epidural catheter technique:** Alternatively a fine bore tube can be passed into the epidural space and the medication can be deposited into the epidural space continuously or intermittently.

While administering an epidural, finding the epidural space is most important. The aim here is not to puncture the dura or stay outside the dura.

**Advantages of Epidural analgesia:**

- Almost complete relief from pain with the patient being mobile.
- No postpartum headache as in spinal anaesthesia.
- Mother is conscious and alert throughout the labor.
- Because of pain, mother secret hormones which give distress to baby.
- Epidural analgesia makes mother and baby comfortable.
- It brings down high B.P which some mother has.
- Good for patient who have heart disease.
- Delivery is faster.
- An instrumental delivery can be performed under the same anaesthesia, if need arises.
- If the patient has to be taken for caesarean section, the effect can be topped up through the epidural catheter.

**Disadvantages of epidural anaesthesia:**

- Sudden drop in the blood pressure.
- Because of pelvic floor relaxation, baby's head may not rotate and forceps application may be required.
- Slight increased rate of instrumental and caesarean deliveries.
- Disadvantages of epidural anaesthesia include its potential for contributing to uncommon minor complications such as persistent positional headache afterwards, shivering, ringing of the ears, backache, soreness where the needle is inserted, nausea, or difficulty urinating. Epidural makes pushing more difficult and additional medications or interventions may be needed such as forceps or caesarean.

**Contraindication:**

- The contraindications for an epidural anaesthetic are patients with following conditions:
- Low blood pressure due to shock,
- Heart diseases,
- Anatomical difficulties in the spinal column,
- Skin infections at the site where epidural is given,
- Known allergy to the local anaesthetic drug that is injected in epidural anaesthetic.
- In the patients with certain bleeding disorders.
- In the patients those taking medications that can affect blood clotting (clopidogrel, heparin, warfarin, etc)
- In the patients having a Lower back surgery (in certain cases)
- In the patients having certain neurological disorders

**Complication:**

Any procedure in medicine has complications and epidural is no exception to that! Occasionally, epidural may not work as well as we expect it to. If this happens, the anaesthesiologist will give the extra doses or change the position of patient or the catheter position. If it still does not work, the procedure has to be repeated (by placing the epidural catheter again). As explained earlier the trick is to stay outside the dura but sometimes due to technical difficulty, anatomical problems or if the patient moves suddenly during the procedure one can puncture the dura and an epidural becomes a spinal. In such instances a patient can have severe headache, vomiting with blurred vision for 2-3 weeks on assuming erect position or on coughing.

If this puncture is not noticed and the whole dose of the medicine is injected in a patient then a patient can suffer from fall in blood pressure, difficulty in talking as well as breathing leading very rarely to even a cardiac arrest.

Sterile aseptic precautions are a must while doing an epidural otherwise infection is a possibility which if spread to meninges (covering of the brain) can lead to meningitis. If a catheter is used then it can migrate to deeper layers like the dura or a blood vessel, may get knotted inside the space or can break while being removed. These are called catheter related complications of the epidural. Very rarely it can lead to backache of short duration.

**Message:**

Seeking pain relief methods for child birth is mother's choice. This is discussed beforehand only with the doctor in charge of delivery at the hospital. Moreover, a well informed patient is usually more cooperative and adaptive during labor and delivery. Hence, prenatal pain-relief education should work and mutually benefit parties, the patients as well as the care providers. Not every woman needs an epidural and not every woman wants an epidural. But women who are interested shouldn't wait.

## **ANALGESIA FOR LABOUR AND DELIVERY**

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Analgesia in labor has remained always controversial because birth is a natural process and women should suffer hypothesis!!!!

There is also concern for mothers and babies safety and its effect on labor.

### **HISTORY:**

In 1847 Dr. James Young Simpson invented Ether and Dr. John Snow invented Chloroform. In 1853, the chloroform was used on Queen Victoria during her eighth delivery. Dr. Virginia Apgar , Anesthesiologist invented APGAR Score for neonatal outcome.

In 1900, Oscar Kries, used spinal anesthesia for first time for childbirth. In1949, Flowers used Continuous lumbar anesthesia. Later on, physiology of pain was explained in detail, of its pathway, mediators and perception i.e. peripheral afferent (1<sup>st</sup> order neuron) to thalamus. Different mediators like Bradykinnin, Histamine, 5HT, ATP, Opiod peptides were tried.

### **LABOUR PAIN:**

First stage of labour pain is of visceral origin for e.g. From dilation of cervix and distention of lower cervix, this pain is dull aching, poorly localized and slowly conducting from T10 to L1.

Second stage labour pain is mostly somatic in origin due to distention of pelvic floor, vagina and perineum. This pain is sharp, severe, well localized and rapidly conducting from S2 to S4.

### **EFFECT OF LABOUR PAIN:**

Because of labour pain there is maternal hyperventilation, hypocarbemia, increase oxygen consumption, increase cardiac output and blood pressure and increase in maternal catecholamine. Maternal effects are high in cases of pre-eclampsia, eclampsia, asthma and prolong labour.

## **PAIN OF JOY: A SNEAK PEAK IN TO THE PHYSIOLOGY OF LABOR PAIN**

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Pain is a personal phenomenon. Although all of us have experienced pain at some time and know what it is, it is difficult to describe in words. In 1979 the International Association for the Study of Pain defined pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.”

Pain of childbirth ranks among the most intense pain experiences. Pain during first stage of labor becomes more intense as labor progresses. Labor pain is complex and is influenced by many factors. Unlike other acute and chronic pain experiences, labor pain is not associated with injury or damage but with the most basic and fundamental of life's experiences: bringing forth of new life. The current understanding of physiology of pain briefly may be described in the following terms. Pain has at least two components, sensory and affective (or emotional).

**Sensory component:** It is physiological or mechanical. In other words it implies to a straightforward anatomical and physiological structure. The receptors sense the stimulus and the resulting nerve impulses are transmitted by the nerve fibers to the spinal cord and then to the brain, where the sensation is consciously understood and interpreted as pain.

The nerve endings register the sensory stimuli that signal peripheral tissue trauma and converted into electrical signals. These signals are then transmitted by the peripheral nerves to the spinal cord where they are processed and via specific pathways carried to the brain. Thalamus, brain stem and cerebellum are parts of the brain where decoding of pain stimuli occurs. In other words, in these regions primary physiological information related to pain originates in our consciousness: where the pain is located, how intense it is and so on.

**Affective component:** It implies to some degree of distress associated with pain. It becomes more pronounced with the duration of pain episode.

Hypothalamus and limbic system are the areas which are responsible for emotional or affective responses. These areas are also responsible for so called autonomic or involuntary reactions to pain: sweating, paleness, changes in pulse rate and blood pressure. At the level of the spinal cord, brain neural pathways influence each other in such a way that the conduction of stimulus in one of them may be enhanced or inhibited by a stimulus in another. That's why rubbing painful area reduces pain: nerve stimuli from the nerves that carry the sensation of rubbing inhibit the transmission of painful stimuli by other nerves. In simplistic terms these stimuli compete with each other for the entry to the brain: rubbing taking some preference over pain, and pain perception is modified.

### **Assessing Quantity and Quality of Labor Pains:**

Pain is a private experience and is best measured by those who feel it, the patients. However, health care workers, the members of the family and simply bystanders often overestimate their ability to assess someone else's pain, most often based on the behavior. The assessment of labor pain is complicated. As pain is a subjective experience, the only measurement available to us is patient's report. In clinical practice pain is measured by questionnaires. For acute pain several pain scales have been developed. For instance, patient may be asked to rate his or her pain on the scale from one to ten, ten being the most intense pain ever experienced by the patient. Or as mild, moderate or severe. For assessment of acute – post-traumatic or post-surgical pain these scales work well. However simple grading is not adequate for measuring more complex painful conditions. Pain may be burning or breaking, pulsating or constant. It can be exhausting and tiring and so on. In order to assess the complexity of pain in patients with chronic pain syndrome McGill Pain Questionnaire has been developed. It consists of several groups of questions each targeting separate features of pain.



**Factors Influencing Labor Pains:**

**Stage & Duration of Labor:** Generally the intensity of labor pain increases as the cervix of the uterus dilates. It also depends on the intensity, duration, and frequency of contractions of the uterus. However, each woman's experience varies widely and pain during labor may fluctuate up and down significantly.

**Parity:** The pattern of pain during labor appears to be somewhat different in nulliparous as compared with multiparous women. Consistent findings indicate that during early labor (before 5 cm), nulliparous women on average experience greater sensory pain than multiparous women. As labor progresses these differences become less pronounced. This observation may be explained by the physiologic differences between nulliparous and multiparous women. Most of the pain during the first stage of labor is produced by the stretching of the lower segment of the uterus and the cervix. Women who previously gave birth have suppler, more distensible tissues, therefore feel less pain.

**Cultural, ethnic and educational factors:** Some studies found no differences in the intensity of pain between women from different countries or ethnic groups. The findings of others, however, suggest that pain behaviors may vary greatly among different cultural groups as a result of learned patterns of expected behavior. At the same time those with lower education level reported significantly more pain than women with high education. This suggested that education can reduce the influence of culturally learned attitudes and expectations of labor pain.

**Anxiety:** Anxiety is another factor that may increase pain, generally and during labor as well. Fear of pain may be one component of labor-related anxiety and has a high correlation with pain levels reported during first-stage labor.

**Environment:** The environment affects the woman's experience of pain. Environment includes the persons present and their verbal and nonverbal communications; the philosophy of care and practice policies of the providers; the quality of support the woman perceives from those present; the degree of strangeness of the environment, including the furniture and equipment that make up the environment; noise, lighting, and temperature; and the restrictiveness of the environment in terms of space or movement with the space.

**Non-Drug Pain-coping techniques:** Some studies claim success in using various pain-coping techniques for reducing labor pain. Categories of strategies described by women include relaxation, distraction, imagery, reversal of affect, breathing techniques, normalization, control, idiosyncratic strategies, focusing and so on. Woman's confidence in her ability to be able to cope with the distress of childbirth has also been a strong predictor in the intensity of labor pain. Some of the non-drug methods of pain relief during labor are:

- Continuous support
- Warm baths
- Body position
- Massage
- Acupuncture
- Hypnosis
- Aromatherapy
- Water injections
- TENS etc.

The pain of childbirth is a complex phenomenon which is influenced by a multitude of factors, often in contradictory manner. Why this physiologic process should cause pain has been the subject of philosophic and religious debate. Scientists believe in a simpler biological explanation: labor pain is the Nature's way to warn the expectant mother that labor has started, so that she can get to a safe place in which to give birth to her infant, as well as to seek the assistance of others for birth. But still why this PAIN of JOY hurts so much is listed as one of the mysteries of god's creations.

## **“SUKHA PRASAVA” – AN OVERVIEW**

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Motherhood is a divine emotion & unique experience in the life of a woman. Menstruation, Conception & Motherhood is the creative aspects of procreation. Giving birth to child is a miracle of love that transforms us, our daily routine, thoughts and interests. Happy and safe motherhood can be achieved by safe pregnancy & easy delivery/ Sukhaprasava. To achieve this every woman has to go through a journey of obstacles. To get rid of all these obstacles to have Sukhaprasava is the need of time in this present era.

### **How to achieve this?**

Multiple tasks can achieve this like Ahara, Vihara, Yoga, and Medications ....etc.

**Ahara:** The rasa derived from the ahara taken by the Pregnant woman serves three purposes like nourishment of her own body, nourishment of fetus and nourishment of stana & helps for Stanyotpatti. By this dietetics Vayu moves in proper direction, woman becomes Snigdha & delivers the baby without complications. Avoidance of unhealthy foods like Ushna, Teekshna, Guru ahara is very important to have safe Pregnancy & Delivery.

**Vihara:** The Apana Vata is the prime factor for having Sukhaprasava. Maintaining this vayu in its normalcy is one of the important issues. Avoiding the activities which increases or hampers vata like excessive exercise, heavy work, suppression of natural urges, violent activities, excessive journey etc helps oneself to control the vata in its normal state to have easy delivery.

**Yoga:** It is a powerful healing tool as it aids relaxation, promotes de-toxification & helps to release stuck emotions. Hence in pregnancy it helps for the overall growth & development of both the mother and the fetus, thus helping for Sukhaprasava. Very important is Pranayama which keeps the pregnant lady cheerful and happy throughout her pregnancy, maintains normal oxygenation of all the organs including the genital organs. Butterfly exercise causes relaxation of perineal muscles or in total the pelvic floor which helps in Sukhaprasava.

**Aushada:** Few medications like Anuvasana Basti, Pichu dharana, other Vatahara Kashaya/ tailapana helps to maintain the normalcy of Vata especially the Apana Vata which is prime important factor in last month of Pregnancy.

But is it possible to follow all these regimens? In this era whether the lady is ready to practice these for nine months? Probably No.... The time is changing its face. The people are behind saving time, having painless & easy delivery i.e Cesarean Section.

### **Cesarean Section as Sukhaprasava- a fact?**

Labour is the time when the lady takes her second birth. She has to pass through a critical stage of life with severe pain, stress, emotional disturbances. To overcome this she is attracted towards painless delivery- Cesarean Section.

But is that not a Myth? Yes it is.... When we go through the complications of C-section, may be complications of Anesthesia or plenty of other complications, we can come to a conclusion that it's a Myth. So, it's the need of time to educate people about the safer ways to have Sukaprasava. Ayurvedic concepts of Sukhaprasava are unique technique which facilitates the easy delivery. Nine months of at most care is better than life long pain.

## AYURVEDIC PERCEPTION OF LABOUR PAIN IN DIFFERENT PRAKRITTIS

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Every pregnant woman hopes for a healthy baby & an uncomplicated pregnancy. 'Safe motherhood' comprises of safe labour & finally safe puerperal period. In Ayurveda, different Acharyas have explained how the safe pregnancy leads to safe & easy labour process. Besides this, they have given the unique concept of prakritti. These are physiological process & so due to different prakritti, all females do not have the similar experiences during their Labour pains occur because of uterine contractions. The duration & intensity of labour pains vary & they have relation with prakritti of the female at the time of labour. Vataja prakritti female exhibits labour pains of high frequency & moderate intensity. Pittaja prakritti females have high intensity & high frequency labour pains. While Kaphaja prakritti females show labour pains of lower intensity & lower frequency.

The 'slow progress of labour' is observed in most of the Kaphaja prakritti females. 'Moderate/ Normal progress of labour' is observed in Pittaja prakritti. 'Good progress of labour' is observed maximum in Sama prakritti & Vataja Prakritti.

**Vata Prakritti & labour:** Action of 'Prasuti Maruta' & vitiation of which may cause the obstructed or delayed labour. So, because of the same property of the nervous action of 'Prasuri Maruta', in Vataja Prakritti the labour is conducted normally & its progress is good

**Pitta Prakritti & Labour:** The desire of the foetus to come out of the uterus causes the Hypothalamus (Sadhaka Pitta activation) to release cortisol, which effects placenta (Apara) to release local prostaglandins. As per Acharya Harita- 'Nadi-Vibandh Mukti' refers to the placental release of local prostaglandins. So, the normal progress of labour is found in Pitta As per Ayurveda, labour is said to be the function of Apan Vayu & Prasuti- Maruta may be considered for parturition.

**Kapha Prakritti & labour:** The progress of labour is slow in it. The descent of the foetus is slow. It is probably due to the static quality of Kapha causing static activity & thus cervical As the Kapha Prakritti females consume sweeter & oily food, serum cholesterol & LDL level are found higher during pregnancy & labour. So, they enble the performance of work pertaining especially to muscle as required for bearing down efforts in response to uterine contractions during labour.

# ABSTRACTS

## CONCEPT OF SUKHAPRASAVA.S.R TO ATHARVAVEDA

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### Abstract:

Of all the rights of women, the greatest is to be a mother, we all know that motherhood is unselfishness and it is near to divinity. It is the holiest service to be assumed by mankind. So Nowadays painless delivery is the factor which a every women wants to go with that. There is no role of garbhadaana vidhi, garbhini paricharya in sukha prasava acc to atharva veda and here are the some references.

**VATA** is the main factor for delivery, so at the time of delivery it should play a normal role to enhance it... there are 10 types of vata according to atharva veda.

**MANAS** – prasanna manas helps in sukha prasava, on the other hand bhaya which obstruct the labour and the time of delivery close relatives should be there to give mental support

**OIL(Sneha)** – at the time of delivery, stanika abyanga should be done to give strength to pelvic muscles

**BANDHA**- at the time of delivery, which will be tied helps in easy delivery

**AHARA** – after 9 months 4<sup>th</sup> day intake of sheeta ahara dravyas and avoidance of ushna ahara should be done

**MANTRA**– chanting the mantra just prior to delivery enhances sukha prasava

Sum Toto effect of all these which are explained in atharva veda helps in sukha prasava. It is duty of vaidya to extract the knowledge from all the science and well versed in that then to serve the society

**Keywords:** Prasooti, Vaidya, Vata, Manas.

## ROLE OF MANTRA CHIKITSAAND MUSIC THERAPY IN SUKHAPRASAVA

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### Abstract:

Mantra is one of the form of adavyabhutachikitsa means without application of medicinal drug. Every siddhant or every kalpa or every action doing the stabilization of the dhatu in body is known as chikitsa. In India the mantras are used since thousands of years ago. Gayatri mantra, shanti-path, mrityunjay mantra, Vishnu sahastranaam etc. are well & common examples of mantra known for both healthy people & diseased persons. Just like that mantra mentioned for difficult or obstructed labour plays important role in sukhaprasava. Labour pain is one of the most severe forms of pain that each woman experience during child birth period. These Mantras, or instruments of thought, are applicable to the total man, in both his psychological and spiritual dimensions. The practice of this procedure is as much auditive and visual as it is gestural (mudrai) and graphic or figurative (yantra, mandala). In today's era it is proved that Music-therapy during labour increases tolerance to pain, decrease anxiety, increase parturition, uterine activity and shorten labour duration.

Here in this article we are presenting the concept of mantra and its primary mode of action with its present condition in the society with proved effect of music therapy in sukhaprasava.

**Keywords:** Ayurveda, Mantra chikitsa, Music therapy, Sukhaprasava

## ANCIENT MATERNITY WARD AS PER AYURVEDA (SUTIKAGARA)

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### Abstract:

For “Sukha Prasava” i.e NIRUJA ( Pleasure of motherhood without pain ) After the “MASANUMASIK GARBHINI PARICHARYA” & before the onset of ‘LABOUR’ the Garbhini should be must counseling and kept under observation in SUTIKAGAR.

Basic requirement with scientific aspect and benefits of maternity ward (sutikagar) before and after labour are given. Adequate structure and architect place should be proper facilities, surfaces, and area. Timing for entering of garbhini in sutikagar also described. Drugs and appliances scientific mode of action used during and after labour has also been mentioned. Good attendents and its qualities are described by acharyas. (charaka sharira sthan chapter 8, sushruta sharer sthan chapter 10 ).

Proper nutritive Ahar and Vihar which may also useful in nowadays are also prescribed during the sutikagar. Proper care and moral support should be provided in Sutikagar.

These all are very important factors which help during the labour, which lead to “SUKHAPRASAVA” and less complications during delivery for both mother and child.

**Keywords:** sutika, nirmanvidhi, dravya evum yanta-sastra, aahar – vihar, raksavidhi karma in sutikagar

## GARBHSAMBHAVASAMGRI

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### Abstract:

Garbhsambhavasamgri is RITU -womens period of ovulation, KSHETRA - uterus (disease free secretary bed) AMBU - pervading rasa dhatu formed by digested food, BEEJA that is ovum and sperm of women and men. Combination of all these factor leads to formation of foetus good qualities of above said is essential to acquire a quality child as all of these factors participate in reproductive activity leading to pregnancy.

Ritukala the period of maximum fertility extends from twelve to sixteen days after menstruation during the reproductive age, in healthy menstrual cycle. Kshetra here refers to healthy female reproductive system especially vagina, cervix for entry of sperms and endometrium of uterus where implantation occurs. Ambu refers to the blood and inter cellular fluid of endometrial tissue with healthy and required nutrients without any abnormality is quite helpful for the formation and developement of the foetus ,by osmosis and nabhinadi the potent nutrients are circulated in foetus and last Beeja refers to good quality of healthy spermatozoon and oocytes. Thus in this poster presentation the importance of all four factors responsible for the conception will be described.

**Keywords:** Garbhasambhavasamgri, Ritu, Kshetra, Ambu, Bija

## **GARBHINI PARICHARYA IN SUKHAPRASAVA**

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### **Abstract:**

Systematic supervision of a woman during pregnancy is called garbhini paricharya. Supervision should be of a regular and periodic nature and according to the need of individual. The care should start from the beginning of pregnancy and till the birth of child. Antenatal care comprise of careful of history taking and examination and after that, proper advice given to the pregnant woman according to the need and complaint. The proper garbhini paricharya would result in the proper development of the fetus.its delivery, the health of the mother and thus her ability to withstand the strain of labour and have an eventless postnatal phase. Garbhini paricharya have described monthly dietary regime and living style for whole pregnancy, specific water for bathing during pregnancy, amulet for pregnant woman etc. All of these advices are done with the aim to ensure normal pregnancy and uncomplicated labor with delivery of a healthy baby from a healthy mother. Dietetics and mode of life which are contraindication during pregnancy are known as garbhopaghataka bhavas. Garbhopaghataka bhavas should be avoided as well as use of garbhasthapaka drugs is beneficial or fetus.

**Key words:** Garbhini, Aahar Vihar in pregnancy, Garbhopaghataka Bhavas, Sukhaprasava.

## **PREVENTIVE MEASURES FOR ABORTION AND MANAGEMENT OF PAIN: A VIEW OF BHARAT**

**BHAISHAJYA RATNAKARA**

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<sup>2</sup>Hetal Amin: Assistant Professor, Parul Institute of Ayurved,Parul University, Limda

### **Abstract:**

Bharat Bhaishajya Ratnakara is a serious of books published by Shree Gopinath Bhishagratna from B.Jain Publisher Limited. In the second part of this book, there is some indications for prevention the abortion and pain. All Ayurvedic Samhia are discussing about the diet and lifestyle measures for pregnant women but In Bharat Bhaishajya Ratnakara, second part Acharya have compile the references regarding medications should be applied for prevention of Abortion and pain management in different month vice indications. In this book, all medications are indicated specially Plant origin. In this Bharat Bhaishajya Ratnakara, other book references such as Yoga Ratnakara, Yoga Tarangini, Bhaishajya Ratnavali, Bhava Prakasha etc is compiled so that overall measures is known for all above conditions like abortion and pain management during pregnancy. Here in this review, author has put his efforts to prove the reason about medication using in the different month during Pregnancy.

**Keywords:** Bharat haishajya ratnakar, Acharya

## CLINICAL STUDY TO EVALUATE THE EFFECT OF UTKANTAKA MOOLA LEPA AND DHARANA IN LABOUR W.S.R. SUKHA PRASAVA

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### Abstract:

Pregnancy is a dream comes true for all couples. The first time mothers are filled with apprehension and innumerable questions. The perception of pain during labor and delivery varies between individuals. According to WHO which reviewed 110000 births from nine countries in Asia during 2007-08, 27% births were by C-section. The common fears are pain that is too much to bear; tearing at the time thus they prefer elective cesarean even though it is riskier than normal childbirth. The facts available strongly suggest that a woman's need for labor analgesia is associated with intense pain related to labor. Many studies have found that the use of Oxytocin to induce or augment labor is linked to unexpected admissions to the NICU and to lower Apgar scores. It has also got high maternal mortality and morbidity rates in the form of rupture of uterus, anaphylactic reactions, death etc. By taking these references into consideration the present study has been undertaken to evaluate the effect of Utkantaka moola Lepa and Dharana on the process of labor and to develop a protocol for the concept of "SUKHA PRASAVA".

**Keywords:** Utkantaka moola, Sukhaprasava, Oxytocin

## BAD OBSTETRICS HISTORY INTERFERING WITH PRASAVA

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### Abstract:

"God created mother because he could not be everywhere at the same time." This shows the importance of mother, who procreates the human species. Nine months of pregnancy is very precious for every woman's life. Every woman wants to give birth to her baby without any complication and pain. Acharya Sushruta opines that, "As a fruit getting detached from its stalk due to time factor & comes down naturally, similarly garbha in its appropriate time, getting detached from its nadi nibandha proceeds for labour due to its specific nature. Pregnant woman should be treated just like a pot fully filled with oil which with a slightest jerk can cause the spillage, in the same way the garbhini vyadhis can lead to complication in prasava. This period of nine months is precious & need to take care of. Garbhini pandu, Garbhini jwara, Prasava purva raktasrava, Placenta praevia, Hypertension, Pre-eclampsia, Eclampsia are the diseases which causes life-threatening complications during Garbhavastha and Prasava.

Here in this poster we are presenting various diseases which interfering with the SUKHPRASAVA.

**Keywords:** Sukhaprasav, Mother, Labour



## OXYTOCIC EFFECT OF CERTAIN INDIGENOUS DRUGS FOR MANAGEMENT OF LABOUR-AN EXPERIMENTAL STUDY

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<sup>2</sup>Prof. & Head, streeroga & prasooti Tantra dept, IPGT & RA

### Abstract:

Oxytocin is a most useful drug to accelerate labour, cut short duration and manage hypotonic uterine inertia. Ayurved provides ample of drugs for management in such conditions. The classical texts carry detailed references pertaining to use of Pippali and Vasa in Garbhasanga (delayed labour). So the present study was planned to establish oxytocic effect of above drugs. The above trial carried out in experimental animals. The efficacy of the drugs was experimentally tested by assessing the contractility induced in isolated uterine horns using a kymograph, effect was compared with oxytocin and prostaglandin induced responses. The result had shown that Vasa (Adhatoda Vasica) had produced weak contraction in higher dose and Pippali (Piper longum) significantly potentiated the effect of Vasa in comparison to prostaglandin. So the above combined drug can be used in the management of hypotonic uterine inertia or for augmentation/facilitate the labour among Ayurvedic gynecologists in future.

**Keywords:** Ayurvedic oxytocin, Vasa, Pippali, labour management.

## FAULTY GARBHINI PARICHARYA AS A ROOT OF BIRTH DEFECTS

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### Abstract:

Congenital disorder or birth defect is a condition existing at or before birth regardless of cause. Birth defects vary widely in cause and symptoms. Birth defects may be the result of genetic or environmental factors. 20-30% of all infant deaths are due to genetic disorders<sup>1</sup>. 18.5% of pediatric hospitalizations are with congenital malformations<sup>2</sup>. Healthy and properly functioning environment (uterus) is responsible for successful conception<sup>3</sup> and its vitiation may also lead to deformity in child<sup>4</sup>.

This genetical basis of birth defect were mentioned in detail under the heading of Adibala pravruta Vyadhi<sup>5</sup> which is suggestive of hereditary type of diseases that arises from Beeja and Beejabhagavayava Dushti arising from Dushti of Shukra (sperm) and Shonita (ovum)<sup>6</sup>.

Environmental factors responsible for birth defect were mentioned under the heading of Janmabala Pravrutta Vyadhi<sup>7</sup>. Inappropriate conducts by the mother, during Garbhini Paricharya is responsible for the deformity in future child. It includes Pangu, Andhatva, Badhira, Muka, Minmin and Vamana like clinical conditions<sup>8</sup>.

Thus, this paper is prepared to highlight the scientific approach of contra indications during Garbhini Paricharya which could be responsible for the birth defects. If doctors educate these things to patients during antenatal care, the infantile morbidity and mortality rate can be reduced by great extent.

**Keywords:** Birth Defect, Genetics, Environmental defect, Garbhini paricharya.

### References:

1. Berry RJ, Buehler JW, Strauss LT, et al. 1987. Birth weight-specific infant mortality due to congenital abnormalities, 1960 and 1980. Public Health Report 102:171-81
2. Scriver et al 1973
3. Charaka Samhita, Sharira Sthana, 8/17; 342
4. Charaka Samhita, Sharira Sthana, 2/29; 305
5. Sushruta Samhita, Sutra Sthana, 24/5; 114
6. Charaka Samhita, Sharira Sthana, Mahati Garbhavkranti 4/30-31, Yadavji trikamji, Ayurveda Dipika, Chaukhamba Prakashana, Varanasi 2009;322
7. Sushruta Samhita, Sutra Sthana, 24/5; 114
8. Charaka Samhita, Sharira Sthana, 4/19;320

## ROLE OF SHATAVARI KHIRABASTI IN THE MANAGEMENT OF OLIGOHYDRAMNIOS -A CASE STUDY

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### Abstract:

Several studies have demonstrated an association between oligohydramnios and greater rate of adverse fetal and neonatal outcomes. An amniotic fluid index (AFI) <5 is one of the most commonly considered criteria for the ultrasonographic diagnosis of oligohydramnios. A recent meta-analysis has demonstrated that an AFI < 5 cm is associated with a significant 2-fold increase in the rate of cesarean delivery for fetal distress and a greater than 5-fold increase in rate of Apgar scores at 5 min below 7. In Ayurveda, It can be considered under Upavistaka Nagodara, etc. Here, Garbhakshaya as stated by Acharya Sushruta wherein Sarva Angavayava Sampurnata has already taken place and Anunnata Kukshi where fundal height is less than the period of gestation which is found in Oligohydramnios. Besides this, Garbhaaspadana i.e. Ksheena Spandana mentioned by Acharya Dalhana is mainly due to the reduced amniotic fluid and the treatment for this condition is Ksheerabasti. So, an attempt is made through a case study in this article to highlight the role of Shatavari Khirabasti in the Management of Oligohydramnios.

**Keywords:** Oligohydramnios, Garbhakshaya, Shatavari Kshirabasti, Prakruta Prasava

## SUKHA PRASAVA – A REQUIREMENT OF HEALTHY PROGENY

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### Abstract:

The start of life as a physically separate being from its mother is birth. Every newborn deserves a safe and easy mode of way to be delivered to this world and so as to be born vaginally is usually better. A pain full labour or any discontinuity of normal process of delivery is all hazardous for both mother and the newborn. Ritu, Kshetra, Ambu, Beeja and Kala are the most essential factors for the formation of healthy and full term Garbha which is the requirement for healthy progeny. These decide the fate of most active phase of Prasava. Dramatic changes in the life style of mother in the form of Aahara and Vihara affects the Ritu etc along with the Apana Vaigunya and therefore there is diversion from normal labour to different conditions like Akala Prasava, Moodhagarbha, cesarean sections, CPD, still births, birth asphyxia and so on. Outcomes of such a Prasava, affect the productivity and quality of life of both mother and its progeny. Therefore, following the Ayurveda Garbhini and Prasava Paricharya is the key factor for long living baby through Sukhaprasava. This article is an attempt to furnish the role of Sukhaprasava in the healthy outcome of pregnancy.

**Keywords:** Akala Prasava, Apana Vaigunya, Moodhagarbha, Sukhaprasava.

## A CONCEPTUAL STUDY OF EFFICACY OF PRANAYAM AND MEDITATION IN SUKHAPRASAVA

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### Abstract:

Women are losing their power to give birth naturally by relying on Caesareans and other interventions. Motherhood is inarguably the most beautiful phase in a woman's life. But, many expectant women fear the process of natural childbirth due to thinking of painful labour.

The part of the brain responsible for conscious thinking, called the neocortex, allows us to do mathematics, use language and answer questions. If a woman could turn off her 'thinking', her neocortical activity, a phenomenon known as the 'foetus ejection reflex' could occur. This is a where the baby slips out with no conscious effort. Here, the body does all the work and the woman simply lies back while it happens. 'A woman in labour needs to be protected against all possible stimulation of her thinking brain, because giving birth is the business of the primitive brain structures.

Even the setup of delivery room stops the natural birth process, as light in hospital lamps is in the blue part of the spectrum. This inhibits the release of melatonin, the 'darkness hormone' which is one of the main birth hormones. Melatonin works alongside oxytonin, the 'cuddle hormone', which plays a role in inducing contractions.

In the animal kingdom female mammals give birth alone, without any setup of labour room and other interventions. Hence nature friendly living, yoga, pranayam and meditation will preserve the natural ability of primitive brain structures because giving natural birth is the business of the primitive brain structures.

**Keywords:** Sukha prasava, meditation and birth, natural birth, primitive brain structure, neocortex and birth.

## CLASSICAL WAY TO MINIMIZE LABOUR PAIN

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### Abstract:

Motherhood is greatest pleasure in a women's life but it is achieved after experiencing immenseLabourpain.Inayurvedic classics there are few methodsto reduce the labour pain which are practiced since the time of conception till delivery of baby.

Yoga, Pranayama and pelvic exercise before conception make pelvic muscles strong. At the starting of 9<sup>th</sup> month entry in Sutikagara till Labour is advised by the Acharyas during which the environment of it is prepared in a way which makes pregnant women mentally and physically strong for labour process.

During 1<sup>st</sup>stage of labour Shodhanbasti, YoniPichu and Yoni Poorana are most helpful in reducing labour pain & in promoting SUKHPRASAVA.

**Keywords:** Sukhaprasav, Labour, Pain

## **YOGA DURING PREGNANCY – AN EASIER TIP FOR SUKHAPRASAVA**

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### **Abstract:**

Ideal for Woman is Motherhood. Childbirth to them is devoid of any gruesome experience. Painless childbirth does not mean complete absence of pain. It means an easy delivery which is quite possible for the great majority of the mothers. Our modern lifestyle has made life easier, but our bodies have become less flexible. The muscles during childbirth remain under utilized in our day- to- day lives. While many muscles participate in childbirth, attention is usually and mistakenly focused on the abdominal and pelvic muscles with respect to labour. Strengthening of these muscles as well, through specific exercises, will ensure a smooth delivery. During pregnancy all physical movement should be carried out with care to avoid problems for the mother and the unborn child. Another important advantage of such exercises is that they help to bring the foetus in to its natural birth position in the womb, necessary for an easy and natural delivery. There are some Yoga and Pranayama which should be done during pregnancy has been proved to be effective for painless delivery. Yoga & Pranayam tunes Neuroendocrine system and provides strength to reproductive organs and make muscles more flexible thus reduce the pain. As well as it helps in relieving oedema, cramping, tension around cervix and birth canal, avoid CPD or any genuine reason of LSCS and definitely make experience of pregnancy harmonies & happier .

**Keywords:** Yoga, Pregnancy, Pranayam

## **A REVIEW OF CONTEMPORARY MEDICINE –TO REDUCE PAIN IN LABOR**

Dr. Harish Daga<sup>1</sup> Dr.Hemant Toshikhane<sup>2</sup>, Dr.L.S.Panigrahy<sup>3</sup>, Dr.Sathish H.S.<sup>4</sup> Dr.Nilesh Jethava<sup>5</sup>

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### **Abstract:**

Motherhood is the most beautiful phase in a woman's life but many woman fears to be a mother in the process of natural child birth due to pain in labor. The labor pain is due to contraction of uterus, stretching of ligaments and muscles while child passes through birth passage and in this process Screams and cries are not unusual. An unpleasant sensory or emotional experience, called pain is a subjective feeling, which may or may not be associated with tissue damage. Pain and tolerance to pain vary from person to person. Management of pain is the most crucial thing in the delivery of baby. Besides conventional approaches, many Contemporary or alternative methods like Accupuncture Moxibustion, Acupressure, Tui-Na, Quigong, Gua Sha, are some therapies which are practiced in china, have been reported to reduce pain during labor and delivery. Traditional Chinese Philosophy is based on the balance between yin and yang which are constantly interchanging forces. The meridians are considered as energy channels. Most of treatments of obstetrical and gynecological problems involve the use of points on different meridians. Through proper acupuncture process endorphins are secreted in body which is bodies feel good chemicals. They decrease the pain threshold and elevate the tolerance of uterine contraction ultimately help to reduce pain.

**Keywords:** Labour Pain, Accupuncture, Moxibustion, Acupressure, Tui-Na, Quigong, Gua Sha, Endorphins.

## PUMSAVANA SAMSKARA: MYTH OR SCIENCE?

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### Abstract:

The term Pumsavan Samskara is having two words Pumsavana and Samskara. Pumsavana 'Puman Suyate Uamatitit Pumsavanam'. It is a procedure by which the male child birth. Samskara as described 'Samskara hi Gunantaradhana' which means to bring changes in the qualities. By Samsakara, the refinement in the qualities takes place. In this review oral administration and Nasal administration of certain drugs has been explained. The author tried to give the scientific explanation of the Pumsavana Karma and its necessity according to her own understanding and as per drug trials. How far they are convincing this modern era of advanced scientific technology, it is difficult to say, even than the postulation of the ancient scientist cannot be writing unless and until it is proved otherwise.

**Keywords:** Pumsavan, Samskar, Child birth.

## SUKHAPRASAVA GHRITAM- A CRITICAL ANALYSIS

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### Abstract:

Antenatal care is essential "to maintain the health in the affluent society" and "to improve the health in developing countries". Ensuring healthy and safe motherhood with utmost care rendered to every woman is the outright responsibility of an obstetrician. Child birth is a very dynamic process and the women need to be well prepared for it. The contemporary system uses analgesia and anaesthesia to reduce pain during labour but have no proved measures to shorten the period of first stage of labour. In Ayurveda similar efforts are being incorporated by means of drugs, among them there are many formulations for the pregnant women to deliver with ease. Ayurvedic obstetrics (Prasuti Tantra) recognised the different phases of foetal development thousands of years before modern imaging techniques existed. In order to support each developmental phase of the baby Ayurvedic doctors devised certain ghrita preparations to be taken during pregnancy. Sukhaprasava Ghritam is such an example. It is given to pregnant mother for assurance of easy and normal delivery. It is advised from 7th month till delivery. The name means good delivery and it helps to prepare the physiology for easy and natural birth. It helps position the child accordingly and prepares the mother accordingly.

Hence to enlighten the use of this ghrit routine in the medical practice bt obstetricians a step is laid down through this paper by explaining its method of use, ingredients along with its mode of action.

**Keywords:** sukha prasava, sukhaprasava ghrit

## ROLE OF BASTI AND PICHU IN SUKHA PRASAVA

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### Abstract:

Giving birth to a child is a natural miracle after nine months from conception. As every child should be born healthy & live a healthy life one compulsory requirement is that the baby birth should be normal. Maintenance of health of the women and well-being of the fetus is the aim of Antenatal care. Expected mother always wishes to have a normal vaginal delivery (Sukhaprasava) which is valid and safe. Sukhaprasava is a very dynamic process & the women need to be well prepared for it. Every pregnancy has a healthy outcome with good proper antenatal care, but still incidence of caesarean section is on the rise. Ayurveda offers many numbers of formulations and procedures for Sukhaprasava which can prevent LSCS. To bring about safe and normal delivery with healthy baby Ayurvedic paricharyas have a positive effect.

Acharyas, in our classics, explained Garbhini paricharya (antenatal care). Garbhini paricharya have described monthly ahara, vihara for whole pregnancy. In whole pregnancy generally Panchakarma is contraindicated yet in third trimester (7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup> months) some Panchakarma procedures like Abhyanga, Ashtapana basti, Anuvasana basti, Yoni Pichudharana are beneficial for Sukhaprasava. By these all procedures Sukha prasava is done without any complications. How these all Panchakarma procedures help in Sukha prasava will be discussed in this paper.

**Keywords:** Antenatal care, Garbhini paricharya, Sukha prasava, Panchakarma

## PHARMACOLOGICAL ACTIONS OF LANGALI IN SUKHAPRASAVA

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### Abstract:

Ayurveda, the science of life, has abundant knowledge to give to the human kind so that they lead a healthy life as designed by nature. But as time goes on, there was a deviation from the law of nature. Among various lifestyle disorders, women delivering by caesarean section can also be considered one of it. Ayurveda has described many drugs for the sake of natural vaginal delivery, that which includes langali also having the properties of uterine contractility, spasmogenic activity, and anti-implantation, causing strong contractions and thus producing necessary sequential events for delivery. Thus, an effort was made to enlighten the sukhaprasavakara yogas described in the Ayurveda classics according to the pharmacological action on labour so that it can be used in common practice and help women to have a happy delivery.

**Keywords:** Sukhaprasav, Ayurveda, Langali.

## WHY IT HURTS? PHYSIOLOGY OF LABOR PAIN

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<sup>3</sup>Vaidehi Raole, associate professor, Dept. of Kriya Sharira, Faculty of Ayurveda, Parul University, Vadodara, Gujarat

### Abstract:

"Labor is ... among the most severe pains that have been recorded with the McGill Pain Questionnaire." But while the average labor was indeed rated as very painful, women's scores ranged widely. A few mothers reported easy, almost pain-free labors while others experienced extremely difficult ones. Virtually all human mothers experience pain in childbirth, and delivery takes much longer than in other mammals.

Each woman's labor is unique. The amount of pain is experienced is dependent on many different factors, which include: Size of the baby, Position of the baby, Dimensions of the pelvis, Strength of the contraction, Mother's previous experience and expectations and many issues not yet understood.

Although not fully determined, the pain arises from distension of the lower uterine segment and cervical dilatation. The neural mechanism of labor has some features similar to other forms of acute pain; nociceptive information is relayed in small A delta and C afferent fibers to the dorsal horn of the spinal cord, mediated by neurotransmitters; from there it may be involved in the initiation of segmental spinal reflexes or pass through the spinothalamic tract to the brain. Many factors are activated during labor which may modify the nociceptive impulse at different stages of its passage. Some of these factors act synergistically to promote anti-nociception that peaks at delivery.

And hence understanding the physiology behind becomes the need of the hour to excel in management. This paper tries to explore the roots of pain during labor under the hoods of physiology and possible nukes of interference for better outcomes with a baby!

**Keywords:** Labor pain, pain, physiology

## ROLE OF GARBHADHAN VIDHI FOR BEST PROGENY

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### Abstract:

Reproduction is meant for the survival of the species and passing of the genes to the next generation. These purposes are successful only when the progeny survives for its full potential as well as successfully reproduce to continue this chain. Thousands of years ago this was realized and an important procedure of garbhadhan came into medical practice for conceiving a healthy child. Garbhadhan vidhi is done to a married couple of appropriate age who are in perfect health including that of the gametes that are going to be involved in the conception as well as the reproductive system of the woman, which will be the site for the concepts for full gestation period. These three i.e. the age of both the parents, health of their gamete and internal environment of the prospective mother hold the key for this and hence they are very important. Failure on the part of the couple to conceive could be due to deviation or abnormality of one or all of these three. Modern diagnostic tools could help detect the cause/s of infertility and many couples are using medically advanced technology to successfully treat their problems. However, not all the time the etiological factor/s are found and also not all the time the success will be achieved. The couples sometimes get intolerable side effects also. These and other such factors lead the couple to seek other treatment. Garbhadhan samskara (done after proper shodhan of the couple) can be of much help for ideally successful procreation. Hence importance of garbhadhan in terms of medical science would be elaborated in the present paper.

**Keywords:** Garbhini, Garbhadhan, Shodhan

## A BIRD EYE VIEW ON PHARMACOGNOSTIC AND PHYTOCHEMICAL ACTIVITY OF ASHWATHA CHURNA (*Ficus religiosa* Linn) & ITS TRADITIONAL USES IN GYNAECOLOGICAL DISORDER: A SYSTEMATIC REVIEW

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### Abstract:

*Ficus religiosa* L. (Moraceae) has been widely used in traditional medicine for a wide array of ailments of the gynecological disorders. *Ficus religiosa* L. (Moraceae) showed a wide spectrum of in vitro and in vivo pharmacological activities like, antidiabetic, cognitive enhancer, wound healing, anticonvulsant, anti-inflammatory, analgesic, antimicrobial, antiviral, hypolipidemic, antioxidant, immunomodulatory, antiasthmatic, parasympathetic modulatory, estrogenic, antitumor, antiulcer, antianxiety, antihelminthic, endothelin receptor antagonistic, apoptosis inducer and hypotensive. Although many of the experimental studies validated its traditional medicinal uses, but employed uncharacterized crude extracts. Thus, it is difficult to reproduce the results and pinpoint the bioactive metabolite. Hence, there is a need of phytochemical standardization and bioactivity-guided identification of bioactive metabolites.

The Authenticated drug Ashwatha was subjected to Pharmacogonostic, Primary Phytochemical analysis & HPTLC tests. An attempt was made in this regard to establish standard & provide scientific data for of Ashwatha Twak. The results of pharmacognostic & phytochemical analysis showed that the drug sample was Genuine Ashwatha Twak Choorna (*Ficus religiosa* linn). The preliminary Phytochemical test of Ashwatha Twak shows presence of Saponins, Tannins, Carbohydrate, Phenol, Quinone, Flavanoids, Steroid & Terpenoid. The results of standardization parameters of *Ficus religiosa* Linn. was Loss on Drying 8.557%, Total ash 13.792%, Acid Insoluble Ash 0.982%, Water Soluble Ash 11.542%, Alcohol soluble extractive 9.084%, Water soluble extractive 7.687%, pH 5.95%. The present study has given a genuine data regarding the Bark of Ashwatha tree.

The outcome of these studies will further expand the existing therapeutic potential of *Ficus religiosa* L. (Moraceae) and provide a convincing support to its future clinical use.

**Keywords:** Pharmacognostic, Phytochemical, Ashwatha, Choorna, Gynaecology

## ROLE OF CERTAIN INDIGENOUS DRUGS IN THE MANAGEMENT OF VILAMBITA PRASAVA W.S.R. TO THEIR EFFECT ON UTERINE CONTRACTIONS - A CLINICAL TRAIL

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### Abstract:

To get the honor of mother, a woman has to undergo several labour pains as childbirth is the greatest physical act performed by her. The labour or the act of childbirth which is carried out without any external aids is termed as Sukha Prasava or Normal Labour. But progress of labour is often unpredictable. Many unwanted complication may arise suddenly one of the most commonest problem is Vilambita Prasava, specially due to cessation of uterine contractions so called the failure of power (hypotonic uterine inertia) which is managed by some oxytocics drugs like Oxytocin, Ergot derivatives and Prostaglandins. Ayurveda shows many references of such drugs like Langali, Chitraka, Vacha etc. which were in use to stimulate the uterine contractions in form of Nasya, Lepana, Abhyanga, Anuvasana Basti, Dhoopana, and orally in Vilambita Prasava. Hence, an attempt is made through this article to highlight the role of certain indigenous drugs in the management of Vilambita Prasava w.s.r. to their effect on uterine contractions.

**Keywords:** Vilambita Prasava, Langali, Chitraka, Vacha, Nasya, Lepana



## ROLE OF YOGA IN SUKHA PRASAVA

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### Abstract:

Pregnancy is a unique, exciting, & often joyous time in a women's life, as it highlights the women's amazing creative & nurturing power while providing a bridge to the future. The caesarian delivery is heighten the chance of excessive bleeding, delayed wound healing & in rare case death. Recovering from vaginal birth takes just one to two weeks; post C-section recovery can last up to six weeks. After recover C-section could complicate future pregnancies and increased risk of placenta implantation problems, uterine rupture, bladder, bowel injuries, a second C-section delivery & the need for a hysterectomy. Yoga is a comprehensive system that uses physical postures (Asana), breathing exercises (Pranayama), concentration and meditation (Dharana & Dhyna), and contemplative practice. The world is now gradually realizing the value of yoga & the role it can play in keeping the global population healthier in a cost-effective way. Yoga is all about finding peace of mind & one with the universe due, to its life enriching qualities yoga is very popular amongst pregnant women.

**First trimester:** Ardha-titali asan, Poorna-titali asan, Supta Udarakarshan asan, Chakki chalan asan, Kashta takshana asan, Marjari asan, Kati chakrasana, Tadasana, Utthanasana, Kandharasana.

**Second trimester:** Mastya kridasana, Vajrasana, Bhadrasana, Marjari asana, Hasta utthanasana, Tadasana, Kati chakrasana, Utthanasana, Meru akarshanasana.

**Third trimester:** Ardha titali asana, Poorna titali asana, Supta udarakarshana asana, Ankle crank, Shoulder rotation. Yoga is a blessing for avoiding complications during pregnancy. Every pregnant women desires pain-free delivery, most women experience fear of delivery which for her increase problem, yoga is a beneficial way to overcome physical as well as psychological factors related with pregnancy.

**Keywords:** Pregnancy, C-section, yoga, asana, trimester.

## ROLE OF MANTRA YOGA IN SUKHA PRASAV

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### Abstract:

According to ayurveda there are three types of treatments viz. Yuktivyapashraya, Devvyapashraya and Satvavajaya. In Devvyapashraya Chikitsa Ayurveda has mentioned various karmas like yoga karma, tantrik vidhi karma, Mantra karma, etc. In vedic literature like yajurveda, rigveda, atharvaveda, etc there are various mantras given for the Garbhadhan as well as sukha prasav. For the healthy progeny physical as well as mental health status play important role for the development & nourishment of the garbha. According to Yogic literature, mantra yoga effect on the shat chakras out of them the muladhar chakra is having adhistan near uterus region, and as we know it is sthan of apan vayu also which play a role in the sukha prasav. Thus by mantra yoga there will a creation of vibration which also gives effect on the muladhar chakra and hence it will normalize the vitiated apana vayu and these may lead to sukha prasav. Thus from the above concept we can conclude that mantra yoga can be effective in sukha prasav (healthy progeny).

**Keywords:** Mantra Yoga, Sukha Prasav.

## POST NATAL CARE (SUTIKA PARICHARYA) IN AYURVEDA

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### Abstract:

Motherhood is a special and joyous moment in every woman's life. But this is possible if her health is taken care of during postnatal period. The postnatal period or Puerperium is called "Sutika Kala" and women are called "Sutika" only after the placenta is expelled during labour and extending up to 6 weeks. Garbhini and Sutika Paricharya are very well described by our ancient Acharyas. They have described dietary regimen, living style and other required management for whole pregnancy and up to 6 month after delivery. Garbhini is much prone to diseases due to aggravation of already excited Doshas. This further may be aggravated during delivery and puerperium due to loss of blood and other important Dhatus of body. Therefore, she needs special and proper care during pregnancy as well as during puerperium. Objectives of Postnatal care are to ensure a normal puerperium with delivery of a healthy baby, to maintain maternal and infant's health, preventing illness, to establish infant feeding, encouragement of emotional support and educating mother about herself and her children's future.

**Keywords:** Garbhini, Sutika, Nutrition, Care, Health, Woman

## ROLE OF ANATOMY IN NORMAL LABOR - A BIRD VIEW

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### Abstract:

Pregnancy is very important period in female reproductive life and it is otherwise known as gestation or gravidity, it is the time during which one or more offspring develops inside a woman. During pregnancy lots of physiological and anatomical changes occurs in female. In 2012, World Health Statistics was released, as per this; 91% normal vaginal delivery occurred in India and rest 9% was from cesarean section. Female pelvis, fetal skull, uterine musculature and contraction, pelvic floor and perineum are important in many reproductive functions. Improper or any mal appearance of this may underlie the common pathological disorders such as infertility, improper implantation, preterm labor, obstructed labor and weak contraction during labor.

In obstetric view, pelvic should be consider as whole rather than separate and it is divided into two true and false pelvis. True pelvis is related with child birth and false pelvis has no obstetric importance. Uterus is situated in deep cavity of true pelvis. The smooth muscles (Myometrium) have quit importance in normal labor by producing contraction. Pelvis floor and perineum also has significant role in labor.

Anatomy is the study of structures associated with human body, it plays an important role in clinical assessment of normal labor and also it is helpful in assessment of Cephalo-pelvic proportion & disproportion. The role of anatomy is very much important in determination of normal labor.

**Keywords:** Pregnancy, Maternal pelvis, fetal skull, uterine musculature, Pelvic floor and perineum

## ROLE OF MATRABASTI IN 9<sup>TH</sup> MONTH FOR SUKHAPRASAVA

Hari Priya Panjabi

### Abstract:

Motherhood is a dream of every married woman. She always dreams of safe and normal delivery to avoid pre, intra and post operative complication of caesarian section. Ayurveda ensures complete physical, mental, social and spiritual wellbeing of both mother and baby by providing proper medical guidance and regimen throughout the course of pregnancy. If this masanumasika paricharya is followed according to classics, baby is delivered by normal labour. In ayurvedic classics, for sukhaprasav, madhura dravya siddha anuvasana basti is indicated in 9<sup>th</sup> month. For expulsion of foetus, apana vayu plays an important role because garbhashay is the seat of apana vayu. And for treatment of apana vayu, anulomana karma is indicated. Sneha is mentioned as best medicine to eliminate vata by doing anulomana karma. Vata, having katu, tikta and kashaya rasa properties, is subsided by madhura rasa pradhana dravyas like bala, atibala, shatapushpa etc. If the paricharya is followed accordingly, it softens the entities which hold the garbha, kukshi, kati, parshva and prushtha. It is helpful in vatanulomana, helps to excrete stool and urine in its normal course, softens skin and nails, improves strength, complexion and mother delivers healthy baby as desired.

**Keywords:** Garbha, Paricharya, Apana vat

## EFFECT OF MADHURADI ANUVASAN BASTI AND YONI PICHU IN GARBHINI PARICHARYA FOR SUKHA PRASAV

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### Abstract:

The universe itself began by prakriti. As like prakriti, woman is also called Beejdharmini and prasava dharmini as quoted by acharya charak. In women's life the reproductive stage includes menstruation, pregnancy, labour and puerperium. Among which the stage of labour is so called "the rebirth of women". Though the labour is a physiological process but any time it may lead to abnormality which hampers the life as well as the three involvements i.e. mother, foetus, obstetrician. At present era, it is observed that the incidence of normal pregnancy and labour has been diminished on the other hand people are too much tired off the harmful gruesome and reactionary modern treatment. Acharyas have given specific importance to the garbhini and have compared her with the oil filled vessel, which may spill even by least shaking as mentioned by acharya charak; so to provide proper attention during pregnancy, Acharyas have described garbhini paricharya for the nine months of pregnancy. So to minimize the difficulty and complications during labour one attempt has been made to present clinical efficacy of anuvasana basti and yoni pichu of madhuradi taila in the last trimester for sukha prasava.

**Keywords:** sukha prasava, madhuradi anuvasana basti and yoni pichu.

## **PREGNANT WOMAN NEEDS SNEHA, BUTTER IS BETTER**

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### **Abstract:**

Not all fats are bad- We're programmed to flinch upon hearing the word "fat." But the truth is, fat is essential. It's vital to growing baby, and the right kinds help to fuel proper brain growth and eye development, particularly during the third trimester duly mentioned in Ayurveda. While between 25 and 35 percent of calories during pregnancy should come from fat, not all fats are created equal.

The American Heart Association (AHA) recommends that the majority of fat consumed come from unsaturated fats, the healthiest kind. These include both polyunsaturated fats and monounsaturated fats, both of which are especially important during pregnancy. The benefits: Unsaturated fats provide vital nutrients to help build and develop cells in both mother and her unborn baby. Polyunsaturated fats are rich in omega-3s — EPA (eicosapentaenoic acid, found in plant sources) and DHA (docosahexaenoic acid, found in fish) — to help develop and sustain the health baby's heart, immune system, brain, eyes and more. Monounsaturated fats are also a good source of folate which helps protect baby against birth defects.

One third of nervous tissue is cholesterol. The brain is mainly made up of cholesterol and fat, mostly the saturated fat which is plentiful in butter. The fats in butter support our body's use of other fatty acids, including the DHA, the omega-3 oil.

Low cholesterol levels are associated with an increase of aggressive behavior, suicide and mood disorders as postpartum depression. The cholesterol in butter supports women's handling of stress by providing a key precursor of cortisol, the main stress hormone. Butter is rich in short and medium chain fatty acids and so very good in maintaining the cholesterol levels. Yellow colored butter is rich source of vitamins like D, E and K which are helpful in absorption of other minerals like calcium, magnesium, selenium and iodine. Hence butter should be the major chunk of fat in pregnant woman's diet for better outcomes with a baby!

**Keywords:** Nutrition in pregnancy, fats, butter, Navaneeta

## **SUTIKAGARA IN MODERN PERSPECTIVE**

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### **Abstract:**

Ayurveda has abundant knowledge for mankind to lead a healthy life. But as the time goes on; there is deviation from its pathway. All Ayurvedic Acharyas have given detail description of Sutikagara. It is constructed before nine month for every woman and dismantled afterwards and pregnant woman have to stay in Sutikagara in nine month till puerperal period. So, we can say that chances of infection are very low and woman feels very comfortable during labour. All the facilities were available for management of normal delivery, prolonged labour, obstructed labour and retained placenta, prevent or control of postpartum hemorrhage and for newborn baby in our Samhitas. Most of the drugs used in Sutikagara have Katu Rasa Property and Usna Virya which may be helpful for regularization of Apana Vayu and Vyana Vayu and may also work on cervical dilatation. Drugs used in Sutikagara have estrogenic activity, antibacterial activity, wound healing activity, anti-inflammatory activity, Central analgesic activity etc. Today in labour room necessary drugs and instruments for normal delivery are used which are already mentioned by our Acharyas. So, we can say that it is a complete package for easy labour and Sutikakala.

**Keywords:** Sutikagara, Ayurveda, Apan vata

## **ROLE OF GARBHINI PARICHARYA IN SUKH PRASAV**

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### **Abstract:**

Pregnancy and live child birth are the two most important events of women's life. It is said that Labor gives birth to child and mother both, as pregnancy & labor are a very critical conditions. There are so many risks, complications and threats to mother and fetus both. After successful completion of 9 month, at the time of delivery, Labor pain is terrific for mother. Improvement in QOL makes women soft. So labor pain is not bearable now-a-days and that's why many techniques are invented to make labor pain free and to avoid complications like CS, epidural anesthesia, hydrotherapy etc. Usually Epidural anesthesia is preferred to make labor pain free. But it has also some adverse effects on labor, mother, baby and lactation. Lengthen labor; sever perineal tear, increased CS risk (by 2.5 times), decreased fetal blood flow and oxygen supply, decreased lactation etc. Shukh Prasav, it means delivery of live child birth vaginally without any complication to child and mother. Though developed science, Garbhini Paricharya (ante natal care) of Ayurveda helps much for healthy pregnancy duration and normal delivery. From 1st to 6th month are dedicated to fetal wellbeing and from 7 to 9th month paricharya make smoothness of passage of fetal delivery, it gives strength to muscles which will involve during labor. There are increased chances of normal labor without complication if garbhini paricharya is followed properly. There is scientific correlation between month wise paricharya and fetal development and compatibility of organ involved in pregnancy and labor. So time span of pregnancy period become joyful and happiness for mother. It's practice in obstetric show tremendous decrease in number of CS and other unnecessary events.

**Keywords:** Garbhini paricharya, Sukh Prasav

## **ANALYTICAL STUDY ON ROLE OF YOGA AND MUSIC ON SUKHAPRASAVA**

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### **Abstract:**

Pregnancy is the divine period of a woman's life. Sukhaprasava - a natural uneventful vaginal delivery of a healthy baby is an aim for obstetricians. In India rate of dystocia is high which leads to either caesarean section or severe foetal-maternal complications. When in modern era, achievement of normal vaginal delivery becomes quite difficult due to Physical, psychological & nutritional causes & lifestyle disorders; Ayurveda is the foremost hope for the same. Ayurveda has described antenatal, antepartum & intrapartum therapies, including Yoga & Music, for sake of uneventful natural vaginal delivery. Study shows that Yoga & Music therapy given in antenatal period, maintains complete health of the upcoming mother. These therapies- reduces incidence of antenatal & intrapartum complications, gives strength to the muscles which are helpful for normal delivery, stabilizes maternal psychology & finally helps to achieve the results as an outcome of healthy mother & a blissful baby.

**Keywords:** Sukhaprasava, Yoga, Music, Uneventful, vaginal delivery

## ROLE OF TRADITIONAL AYURVEDIC DRUGS USED IN THE MANAGEMENT OF PRASAVA.

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### Abstract:

Now a Days Motherhood without pain is most desirable for that Ayurveda has to make a step at the world of Labour. Prasava (Labour) is described as expulsion of foetus due to action of Prasuti Marutaat the proper Kala.It is "GARBHA MOKSHA". So Prasava is a natural procedure, but in our Samhita, many drugs are described for "SUKHA-PRASAVA".

They have properties like Sangrahaniya, Vedana Sthapana, Krimighna, Rakshoghna etc. All these drugs are used due to their different pharmacological actions. Some of drugs have actions of Garbhashayasankochaka, and Aparapatana like Kustha, Langali, Vacha, Chitraka etc. Vedanasthapaka drugs which are useful for Psychological relief like Mandukaparni, Hingu, Nagara, Pippali etc.Yonidhupana is also described for sukhaprasava, which have drugs like Bhurjapatra etc. Rakshoghna dravyas like Lashuna, Devadaru and Atasi etc. are also useful for protection of mother and baby both.

Thus, these are the basic concepts which are useful for SUKHAPRASAVA; they have enough strength for developing a good Prasutitantra now days, which ultimately leads to developing of Ayurveda. Now a day's increasing of caesarean section, it is a great time to prove our basic fundamentals for SUKHAPRASAVA.

**Keywords:** Painless Motherhood, Sukhaprasava.

## AYURVEDICMODALITIES AND DRUGS USED IN THE MANAGEMENT IN PRASAVA

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### Abstract:

Pregnancy is the most important event in the life of every woman. Giving birth is one of most memorable moments in any woman's life. The amount of pain and discomfort a woman has to face is far more than any pain imaginable. The normal labour can turn to pathological at any time and rightly described that at the time of child birth, women's one leg in this Loka and other in yamaloka. Ayurveda, the science of life, has abundant knowledge to give to the human kind so that they lead a healthy life as designed by nature.

But as time goes on, there was a deviation from the law of nature. Among various lifestyle disorders, women delivering by caesarean section can also be considered one of it. Ayurveda has described many drugs for the sake of natural vaginal delivery. Most of the plants claimed to be oxytocics are used to induce and maintain labour, aid the removal of retained placenta, regulate post-partum bleeding and so on.Plants that produce uterine contractions have a similar action to that of oxytocin and prostaglandins which stimulates the uterus, causing strong contractions, and thus producing necessary sequential events for delivery.

Medicinal plants used to speed the birth process are usually administered towards the end of the gestation period or at the onset of labour pains. Hence to enlighten the use of these drugs routine in the medical practice by obstetricians a step was laid down by giving the pharmacological action of the drugs mentioned in the classics indicated for SukhaPrasava.

**Keywords:** SukhaPrasava, Oxytocics, induce labour, Pharmacology

## A CONTROLLED CLINICAL STUDY FOR EVALUATION OF THE EFFECT OF RASAYANA DRUGS & MICRONIZED PROGESTERONE DURING FIRST TRIMESTER OF PREGNANCY

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### Abstract:

Pregnancy is such a physiological entity which is always ready to convert into pathological entity, if uncared. 10-20% abortion occurs in all pregnancies. Nausea & Vomiting occurs in 70-80%, Heartburn in 50%, Loss of appetite in 70-85% & Constipation occur in 72%. In modern system the treatment for support the pregnancy is micronized progesterone but it has many side effects such as increased vomiting, constipation etc. So this clinical study was planned with aim to provide supportive nutrients for developing embryo & check the complications of early pregnancy.

### Material and method

Rasayana drugs were procured from pharmacy of G.A.U. Jamnagar & Micronized Progesterone from market. Total 60 pts of first trimester were registered from the O.P.D. of the S.R.P.T. department of I.P.G.T. & R.A. Jamnagar & were randomly divided into 2 groups. In grp A (n=30) rasayana granules was given orally twice a day on empty stomach with milk for 2 months, In grp B (n=30) Micronized progesterone (200mg) was given orally twice a day after meal with water for 2 months.

Assessment was done on the basis of relief in signs & symptoms & continuation of pregnancy.

### Results and Observations-

Grp A-Rasayana granules has shown highly significant result in management of abortion & garbhini vyapada i.e. Aruchi, Hridyavyatha, Vibandha, Daurbalya, Bharama, Angamarda & Aadhmaana.

Highly significant result was also found in reduction of pus cell & albumin in urine.

Grp B-Micronized Progesterone has shown highly significant result in abortion, lower abdominal pain only.

### Conclusion

So ultimately we can say that rasayana granules is best quality micronutrients to develop a best embryo and continue pregnancy without trouble.

**Keywords:** Pregnancy complications, Rasayana granules, Micronized Progesterone

## HEALTH FETAL GROWTH FOR SUKHAPRASAVA

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### Abstract:

Healthy progeny is the requirement of every society. In order to achieve this goal, completion of gestation period along with optimum or complete fetal growth is the pre-requisite. According to Sushruta to achieve the complete fetal growth, four factors are essential viz. Ritu (Healthy menstrual cycle with good sexual health) Kshetr a (anatomical normalcy of uterus), Ambu (qualitative as well as quantitative proportion of amniotic fluid) Beeja (healthy and fertile gametes). With the help of these four factors there is fertilization and production of healthy fetus.

Whenever there is complete growth and development of fetus (Garbha) within a stipulated time of 37-40 wks gestation (Ga r bha va sa ), it will initiate the natural birth process like a fruit fall from tree after gets complete ripening. It is very clear that, completion of gestation period with optimum fetal growth is essential for Sukha pr a sa va (Natural and easy birth) this article is an attempt to explore the role of completion of gestation period and fetal growth for natural and easy delivery.

**Keywords:** Ambu, Ritu, Sukha prasav

# **GARBHINI-PARICHARYA (NORMAL DIETETICS AND MODE OF LIFE FOR PREGNANT WOMAN) w.s.r. 3<sup>rd</sup> TRIMESTER**

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## **Abstract:**

The woman is an axle around whom not only the family or the society but the whole Universe revolves. The pregnancy state is a normal and routine phenomenon in a woman's life where she has to change herself physically and also mentally to give birth to a healthy baby. Acharya Charaka says that pregnant lady is just like the oil filled bowl means the pregnant lady (Antarvartani) should be treated or cared just like a pot filled with oil, as slight oscillation of such pot causes spilling of oil, similarly slight excitement or stress to the lady can initiate abortion etc. To overcome the problem during pregnancy period many ancient books of Ayurveda suggest some special life style called Garbhini Paricharya (rules to be followed during pregnancy).

The month wise Paricharya described in the Shastras help in proper development of foetus and gives health to mother while 3<sup>rd</sup> trimester Paricharya plays an important role for Sukha prasava. Now a day's when Assisted labour techniques like vacuum, forceps and even surgical intervention like LSCS commonly performed by Obstetrician. So in this case described oral medicines and therapeutic procedures like Basti and Yonipichu in Garbhini Paricharya will definitely have an ample scope to facilitate the normal process of labour.

**Keywords:** Sukhaprasava, Garbhini Paricharya, Basti, Yoni Pichu

## **AYURVEDIC MODALITIES FOR SUKHA-PRASAVA**

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## **ABSTRACT:**

Prasava is that phenomenon, by which the fetus comes out of the womb. Garbhavastha cannot be an exemption for that matter of fact. Acharyas described that it should end with Prasava, at proper time. Among various lifestyle disorders, women delivering by caesarean section can also be considered one of it. In Ayurveda, many medicines are described for facilitating natural vaginal delivery. Most of the plants like Apamarga, Pippali, Vacha, Eranda etc. having oxytocic effect are used to induce and maintain labor, removal of retained placenta, regulate post-partum bleeding and so on. The contraction activity of the uterus increase by the plant extracts.

Medicinal plants used to speed the birth process are usually administered towards the end of the gestation period or at the onset of labor pains. Plants that produce uterine contractions have a similar action to that of oxytocin and prostaglandins which stimulates the uterus, causing proper contractions, and thus producing necessary sequential events for delivery. These drugs can maintain the power in co-ordinated with hypothalamo-pituitary-uterine way which can prevent uterine inertia so that the out-come result will be a fruitful one. Hence to enlighten the use of these drugs routine in the medical practice by obstetricians a step was laid down by giving the Ayurvedic treatment modalities mentioned in the classics indicated for Sukha Prasava.

**Keywords:** Indigenous drugs, Oxytocics, Sukha Prasava, Vaginal delivery.



## ROLE OF GARBHINI PARICHARYA IN SUKHA PRASAVA

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### Abstract:

Pregnancy is the most energetic and challenging phase in a woman's life. Ayurveda is a science of life. The basic principle of Ayurveda is "Swaasthasya Swasthya Rakshanam Aaturasya Vikara Prasamanam". To maintain Swasthya Rakshanam, Ayurveda has emphasized the need of Dinacharya, Rutucharya etc. In the same manner to get a healthy and prosperous child, Ayurveda advocates the concepts of Garbha Dhana Vidhi, Pumsavana, Garbhini Paricharya, Sootika Paricharya. Mother's diet, activities and Sadvritta performed during the period of pregnancy, reflect on the fetus. Pregnancy and child birth are nature's gift, if proper dietary regimen and life style are not maintained during pregnancy; it may result in many complications to mother as well as to foetus leading to difficult Prasava.

Thus our Acharyas developed a concept, about the type of diet, behaviour, conduct, and medications during pregnancy that a pregnant woman should follow and avoid in the form of Garbhini Paricharya from the conception till delivery. Garbhini Paricharya also improves the physical and psychological conditions of the pregnant woman and makes their body suitable for Sukha Prasava and helps sustain the exhaustion of Prasava. Hence, an attempt is made to highlight the importance and review the concept of Garbhini Paricharya so she delivers easily at proper time, desired, excellent, healthy child possessing all the qualities and long life.

**Keywords:** Garbhini Paricharya, Sadvritta, Sukha Prasava.

## CONCEPT OF ANTENATAL CARE ACCORDING TO AYURVEDA

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### Abstract:

Ayurveda is complete science which emphasizes the responsibility of physician towards pregnancy before conception up to postnatal care. Mainstreaming the Ayurveda practice in women health care appears to be the most effective remedial measures to lower MMR and promote maternal health. In Ayurveda there are certain rules and regulations are mentioned for antenatal care for healthy progeny in which Masanumasika Paricharya (Monthwise lifestyle modification) is one of them. Aim of this paper is to explain the rationality behind Masanumasika Paricharya according to Ayurveda as well as modern point of view. For this study, the material collected from different Ayurveda classics, scholarly articles and information on internet will be referred. Antenatal care in Ayurveda includes standard dietary pattern with life style modification in the form of medicated milk preparations along with different procedures like Abhyanga (Oil massage), Basti (Medicated enema) etc. Some Pathyapathya (do's and don'ts) also advised to woman throughout pregnancy.

Diet (Ahaara), Lifestyle (Vihaara) and different procedures like Abhyanga, Basti etc. may support each developmental phase of the fetus and also prevents Garbhopaghatakara Bhavas (harmful factor for growth of fetus). This all procedures and medicine may be helpful for the nourishment of fetus, increase placental circulation, strengthens muscles tissue which involves in delivery also remove the waste matter (feces, urine and flatulence). So we can implicit that Ayurveda play vital role in antenatal care. This paper highlights the concept of antenatal care according to Ayurveda classics.

**Keywords:** Antenatal care, Basti, Pregnancy, Milk etc.

## **A CLINICAL STUDY ON CERTAIN INDIGENOUS DRUGS FOR THEIR OXYTOMIC ACTIVITY BENEFICIAL FOR LABOUR**

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### **Abstract:**

Pregnancy is the most important event in the life of every woman. Normal labour is the part of it. As time goes on, there was a deviation from the law of nature. Caesarean section can also be considered one of it. Nearly one in five in India is delivered by c-section. Some estimates say c.s. has risen from 5% to almost 65% in some private hospitals in India. In Ayurveda many of the plants claimed to be oxytomics are used to induced and maintain the labour and so on.

In allopathy science drug used for above purpose which is oxytocine & prostaglandine has many side effects. Plants that produce uterine contractions have a similar action like those with no side effect. Hence to enlighten the use of these drugs routine in the medical practice a step was laid down by giving the pharmacological action of the drugs mentioned in the classics indicated for sukha prasava. In this clinical study 12 patients with confirmed hypotonic uterine inertia were registered. The suspension of vasa & pippali with the external application of langali tail was given. The study showed significantly reduced the duration of labour as well as secondary complication both of mother & Neonates.

**Keywords:** Caesarean, Oxytocine, Prostaglandine, Vasa, Pippali, Langali.

## **ROLE OF PANCHKARMA FOR HEALTHY PROGENY**

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### **Abstract:**

The advent of first pregnancy produces a certain degree of emotions, such as mother love and pride in creation induce a feeling of tranquility and gladness, for the woman is about to enter on one of life's most enriching experience. Our Acharyas was very well known that pregnancy is not by chance but it is by choice and with this concept they described Garbhadhana Vidhi a couple of years ago. In Cha. Sha. 8 Acharya Charka has described Shodhana karma like Vaman, Virechan, followed by Asthapan basti before planning of Garbhadhan.

Through this Shodhana karma all the three Sharirik doshas come in their balance state and stree and purush bija suddhi occur. Science reveals the fact that the anatomical, physiological, psychological built up of offspring is dependent on parents who provide 'genes' for specific characters to the child. Best of male and female gamete (sperm and ovum – through Shodhana before conception) will ensure timely and normal delivery of a healthy offspring. Shodhana karma before conception also enhance fertility rate. So now a day; it is very beneficial for the couple who want healthy progeny in term of physical, spiritual and behavioral aspect.

**Keyword:** Panchakarma, Garbhadhan, Healthy Progeny.

## **ROLE OF GARBHINI PARICHARYA IN SUKHA PRASAVA**

Dr. Anuradha.M, Reader, Dept. of Prasuti tantra & Stree Roga, Sri Jayendra Saraswathi Ayurveda College, Chennai

### **Abstract:**

Pregnancy is a boon for every woman. Once the conception occurs, it is very essential to follow certain measures regarding aahaara, aachaara and aushadha (if necessary). During the nine months period of pregnancy, the pregnant woman may be facing some minor ailments which when attended in time may prevent future complications. During early weeks of pregnancy (I Trimester) - nausea and vomiting (hrullasam and chardi) may occur. During the mid-period (II Trimester) there may be anemia (pandu), pedal edema (pada sotha), hypertension etc. During the last weeks of pregnancy, there may be bleeding through vagina (Antepartum hemorrhage).

Garbhini paricharya according to Ayurveda gives importance to each and every month of pregnancy and according to the need of the mother, certain aahaara and aushadha were suggested for ex: gokshura siddha ghritham mentioned by Sushrutacharya in the 6<sup>th</sup> month prevents pre-eclampsia. Yogaratnakaram has mentioned ksheerapaka preparations using single drugs. This article highlights about the practical application of the medicines that can be used during pregnancy for preventing complications during pregnancy period and also those which help for sukha prasava.

**Keywords:** Garbhini, Prasava, Aushadha

## **ROLE OF ANUVASANA BASTI AND YONI PICHU IN SUCCESSFUL INDUCTION OF LABOUR**

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### **Abstract:**

Induction of labour is defined as artificial stimulation of uterine activity prior to the onset of labour. The common indications being post datism, premature rupture of membranes, IUGR, Preeclampsia and others. Induction when successful results in vaginal delivery but failed induction is associated with potential risks of increased rate of operative vaginal delivery, Caesarean birth, uterine hyper stimulation, abnormal fetal heart rate patterns, uterine rupture and possibly cord prolapse. The incidence of induction of labour as well as failed induction leading to Caesarean section is on rise since last few decades. Induced labour is more painful and prolonged than spontaneous labour and hence causes maternal and fetal distress.

The use of epidural analgesia introduces a higher probability of adverse effects on mother, fetus and outcome of labour. The oral drugs used in induction of labour causes gastrointestinal discomfort to mother and many severe effects on fetus. Successful induction of labour depends on good Bishop score which is mainly dependent on ripe cervix as well as good uterine contractions. Anuvasana basti and Yoni pichu improves bishop score. Both these procedures acts on power and soft passage. Apana vayu karma is improved and the cervix becomes easily ripe leading to successful induction with shortening of the stages of labour. Anuvasana basti of Sahchar tail along with Yoni pichu of Bala tail before induction of labour can reduce the chances of failed induction and hence operative deliveries.

**Keywords:** Induction, Basti, Pichu, Bishop Score

## **ROLE OF PANCHAKARMA IN SUKHAPRASAVA— AN AYURVEDIC PERSPECTIVE**

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### **Abstract:**

Motherhood is a dream of every woman. Transformation of a woman into a mother begins right from the time she conceives. During the period of conception, she has a mixture of experiences like anxiety, pain, happiness, & responsibility. The most important physical act performed by women is child birth. According to WHO review of 110,000 births from nine countries in Asia during 2007-2008, 27% births were delivered by C-section. A similar survey conducted in Latin America found that 35% of pregnant women were delivered by C-section and nearly one in five in India is delivered by C-section. Normal delivery is always beneficial to mother and baby, as compared to surgery because, in operative delivery women may face pre-operative, intra-operative and post-operative surgical complications, so to provide cost effective procedure and to minimize complication, Ayurveda ensures complete physical, mental, social & spiritual well being of both mother & baby by providing proper medical guidance throughout the course of pregnancy.

In Ayurvedic literature, many drugs and procedures are mentioned for Sukhaprasava as part of Garbhini Paricharya. To procreate progeny of excellent qualities, men should have unaffiliated semen and the woman should have unimpaired ovum and uterus. For these reasons, right from the preparation for conception, Maharshi Carak has advocated panchakarma therapy such as vamana, virechana, asthapana basti, anuvasana basti to eliminate the doshas from the body of man and woman desirous of having progeny of excellent qualities. Moreover, at 9<sup>th</sup> month of pregnancy, anuvasna basti and yoni pichu have an effective role in Sukhaprasava.

**Keywords:** Panchakarma therapy, Ayurvedic drugs, Garbhini paricharya, Suprajata

## **MANAGEMENT OF LABOUR PAIN WITH NON DRUG THERAPY AN APPROACH TOWARDS SAFE MOTHERHOOD**

Dr.Sanjay Trivedi, MS-Shalya Tantra, PG.Dip.in Emergency medicine & Critical care (Mumbai) ACLS (Ruby medical hall) pune, E-Consultant California society of coloproctology, Assistant professor Dept. of Shalya Tantra, G.J.Patel Ayurvedic collage & Research centre Anand (Gujrat).

### **Abstract:**

Mother's love doesn't have any comparison in the world. She is the one who bears pain, nearly equal to 20 bones breaking at a time - while giving birth to baby i.e. 57-Del. Pain is a complex unpleasant perception associated with actual or potential tissue damage. Pain is as old as mankind. Pain is such an entity which permeates the life from pediatric to geriatrics level. Among all pain labour pain is most unbearable entity for every mother.

Lowe (2002) defined childbirth pain as a natural phenomenon that occurs due to subjective, multi-dimensional responses to sensory stimuli during labour and delivery. It has a significant physiologic component and is mediated by the conditions of the mother and child, and the psychosocial context of the delivery. The woman's personal characteristics include medical and obstetrical conditions, combined with their situations to determine their responses to the pain and requests for anaesthesia. In our Ayurvedic classics, many references from Sushruta and Charaka regarding Shoola prashamanam (Pain management), as also various trials and medical management mention for Sukha Prasava are available. The non invasive, non drug therapy is quite helpful in labour pain management. Examples are : Aroma therapy, Music (Audio-analgesia), Touch and massage therapy, Acupressure, Intradermal water injections, TENS, Warm water bath, Continuous labor support, Maternal movement and positioning, Child birth education, Breathing techniques, Hypnosis, etc. The management of labour pain with non drug therapy is a combination therapy of several holistic approaches.

**Keywords:** Labour pain, Aroma therapy, Audio-analgesia, Acupressure, Intradermal water injections, TENS, Breathing techniques, Hypnosis.

## EFFECT OF MANTRA CHIKITSA IN PREGNANCY

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### Abstract:

Mantra chikitsa is methodology which is followed in India from ancient time. All actions are depends on Mantra chikitsa. Music healing is a practice of complementary medicine that uses music prescribed in a skilled manner by trained therapist. Music can be beneficial for anyone. Although it can be used therapeutically for people who have physical, emotional, social, or cognitive deficits, even those who are healthy can use music to relax, reduce stress, improve mood, or to accompany exercise. Music can also relieve muscle strain and improve motor skills. It is often used to help rebuild physical patterning skills in rehabilitation clinics. Levels of endorphins, natural pain relievers, are increased while listening to music, and levels of stress hormones are decreased.

This latter effect may partially explain the ability of music to progress immune function. Memory and learning can be improved, and this used with good results in children with learning disabilities. Research has proven that mothers require less pharmaceutical pain relief during labor if they make use of music. Using music that is well-known and associated with positive imagery is the most helpful. During early labor, this will promote leisure. Maternal movement is helpful to get the baby into a proper birthing position and dilate the cervix. Enjoying some "music to move by" can support the mother to stay active for as long as possible during labor. The rhythmic auditory stimulation may also prompt the body to release endorphins, which are a natural form of pain relief. Many women select unusual styles of music for each stage of labor, with a more intense or faster part feeling like a natural accessory to the more difficult parts of labor.

**Keywords:** Musical therapy, Labor, Rhythm, Emotion, Child.

## AN AYURVEDIC APPROACH TOWARDS PRASAVA VAIGUNYA

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### Abstract:

God has gifted women with special privilege of motherhood. But for attaining such precious stage of life, she has to go through long process starting from conception to the birth of a baby. With the change of lifestyle in today's world, the normal physiology of labour has been disturbed and has resulted in increased necessity and usage of caesarean section which was about 10 % and has undergone a rise of two to three fold during the last decade. In Ayurveda, there is a detailed description regarding Garbhiniparicharya and the regimens which should be followed as well as the factors which should be avoided. Sukha Prasava can not be achieved by the care taken at the time of labour but shall be achieved by the care taken since the beginning i.e. Shukra, Shonita, Garbhashay shuddhi and so on.

In the present study, an attempt has been made to collect the material regarding the causes which can lead to Prasava Vaigunya in Ayurved and Modern aspect. By the care taken before conception and during pregnancy, we can prevent the conditions of Prasava Vaigunya with the help of Ayurveda and can prevent the possibility of operative interference which will ultimately provide a healthy and happy life to the mother and the newly born baby.

**Keywords:** Sukha Prasava, Prasava Vaigunya, causes, management

## ROLE OF ANUVASANA BASTI AND PICHU IN PRASAVA

Sheetal Minhas<sup>1</sup>

### Abstract:

Garbhini Paricharya mentioned in Ayurveda if followed throughout pregnancy leads to sukh and nirupadrava Prasava. In present era due to reduction in physical activities and more mental stress, incidence of rate of uterine inertia and operative deliveries is on increasing side. So an attempt was done to combat these problems by inducing Anuvasana Basti and Pichu with madhuraushadhi sidha oil in nine month of pregnancy which not only prepared the patient psychologically for normal delivery but have also shown significant benefits leading to comfortable labour by controlling the functions of vyana & apana vayu.

Method: For the clinical trial, the patients were selected from OPD & IPD of RGGPG Ayurvedic College

Paprola HP comparing two groups. In group one 27 patients were given Anuvasana Basti twice a week and pichu daily from 32-35 weeks of gestation till delivery. Group 2; Control group, 30 patients were under observation from onset of labour.

Result: Clinical result was assessed on the basis of events of stages of labour and nature of delivery by grading 0, I, II, III using Partogram and Bishop score.

Maximum number of patients achieved grade 0 i.e. 74.1% in group 1. They showed significant result for the first stage of labour. For second stage no significant difference. Third stage was highly significant.

Conclusion: Basti and pichu shortened first and second stages of labour by having good effects on ripening of cervix and stretching and relaxing of vaginal canal and perineum. It can be concluded from trial that Basti and pichu application under strict measures prevents episiotomy and operative deliveries to some extent with symptomatic reliefs to the patient leading to comfortable normal labour.

**Keywords:** Garbhini Paricharya, Prasava, Basti, Labour

## SUKHA PRASAVA – ‘A CLINICAL STUDY’

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### Abstract:

Motherhood is a crowning act in a woman's life. Every woman seeks to enter this new world of motherhood with minimal pain, agony and operative aid. Vaginal delivery is much safer than LSCS; the latter having serious intra operative & post operative complications. In present age, the obstetrician as well as women in labor would prefer the delivery to be accomplished in shortest possible time, compatible with safety of mother and fetus. The two stages of labor have been studied with the use of Ayurvedic modalities. The Study comprised of 60 subjects randomized into 2 groups of 15 subjects each for first stage and second stage respectively. Yoni lepana with Potaki moola karka for first stage and Yoni Dhoopana with Krishna sarpa nirmoka for second stage of labor. The results were analyzed statistically and found the incidence of LSCS, Episiotomy and time duration of labor was significantly reduced in the trial group.

**Keywords:** Potaki moola karka, Krishna sarpa nirmoka, LSCS, Episiotomy

## IMPACT OF DIET IN SUKHAPRASAVA

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### Abstract:

Pregnancy is a unique time in a women life. In pregnancy all the physiological function changes for the growing fetus. Hence women have to take nutritional diet. Lack of nutrition is mainly found due to irregular food habit which resulting in malnourishment. In Ayurveda, different Acharyas have mentioned specific diet chart during pregnancy period according to specific month. Acharya Kashyap has described that Ahara rasa of mother is divided in to 3 parts, nourishes her own body, second part nourishes the garbha and the third part is utilities for the nourishment of fetus. Diet is very important role in growth and development in fetus. In Ayurvedic texts, specific diet throughout pregnancy is advised by different Acharyas according to fetal growth development. This specific Ayurvedic month wise regimen leads to sukhaprasava as well as delivery will be very easy and pain less without any complications to both mother & fetus.

**Keyword:** Diet in pregnancy, Sukhprasava.

## A HEALTHY FEMALE FOR NIRUJA MOTHERHOOD

Aman Chug<sup>1</sup>, Dinesh Dhumadia<sup>2</sup>, Tejal Ganvit<sup>3</sup>, Mahesh Bhadelia<sup>4</sup>, Dr. P. A. Joshi<sup>5</sup>

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### Abstract:

Manu Smruti states, 'Yatranaaryaastupujyanteramantetatrddevata'. According to Sushruta Samhita four factors are essential for conception and all the four factors are mandatory in a female for a healthy conception. Importance of earth in growth and development of a plant is made clear by the phrase, "Kshetrabhootasmrutahnaari...." In the present global scenario the ratio of healthy females is dwindling very fast. Diseases like P. C. O. D., precarious puberty, etc. lead to female ill-health and infertility. The incidence of children born with congenital defects is rising. Hence a need is felt to standardize the age-wise classification of females. This will help in describing and implementing their paricharyas (management schedules). The present poster is an effort to classify growth and development of a female from birth to adulthood. We have laid down the paricharyas (management schedules) according to the age-wise changes. They ensure a healthy timely growth of a female which in turn ensures 'Niruja motherhood'.

**Keywords:** Paricharya, Infertility, Niruja.

## PREVENTION OF PAIN CAUSED BY ECTOPIC PREGNANCY

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### Abstract:

Ectopic pregnancy is a complication of pregnancy in which the embryo attaches outside the uterus. Ectopic pregnancy is the leading cause of pregnancy related death during the first trimester and the second leading cause of overall maternal death. 90 – 95% of ectopic pregnancies are tubal. Clinical presentation of ectopic pregnancy occurs at a mean of 7.2 weeks after last normal menstruation.

The pain whenever occurs is intolerable. As the treatment depends on the size and location of pregnancy, early diagnosis helps remove the developing cells before they injure the mother. Since Ayurveda believes in 'Planned Progeny', the incidence of Ectopic pregnancy should have been very rare. The tubal pregnancy can be called "Garghaavarodha" while the cervical or ovarian pregnancy can be called, "Garbha-prasamsa". The poster contains an algorithm for diagnosis, management and prevention of a universally growing fatal problem

**Keywords:** Ectopic, Menstruation, Pregnancy

## GARBH UPGHATKAR BHAVA

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### Abstract:

Core of topic: Garbh upghatkar bhava word has two keywords which are garbh which indicates foetus and upghatkar bhava which means factors harmful to; thus both words conjoin to form word garbh upghatkar bhava which means factors harmful to foetus.

Our eminent Acharyas have given numerous garbh upghatkar bhava. These can be compared to contemporary science's teratogens. They are basically parted into two viz. aahar and vihar. Aahar garbh upghatkar bhava includes ushna tikshna aahar which can be compared to street food like Manchurian, noodles etc; vidahi aahar which means in today's world all the caffeine containing items like coffee, tea, alcohol, etc.

Besides that, vihar comprises of all negative emotions like anger, frustration, stress, grief, etc. All these may cause congenital anomalies and if foetus is afflicted severely may cause even premature labour or if prolonged may fruit into any type of complication during labour or on the gravest part may cause death of foetus. So all the expecting mothers must avoid these factors for healthy child and easy labour, as the saying goes "First know the don'ts well to do right thing well" and these are don'ts all dotting mothers must follow.

**Keywords:** Garbha, Aahar, Vihar, Labour, Upaghatkar bhava.



## **OBSTACLES OF SUKHA PRASAVA -"ASHTAGATIS OF MUDHAGRABHA"**

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### **Abstract**

The fetus (which has not aborted) after getting develop, coming abnormally unable to come out even after reaching its passage (pelvis & vagina) and stupefied or swooned due to abnormality of Apana vayu is termed as mudhagarbha.

Specific clinical features mudhagarbha are its various positions and presentations fetus engages in the pelvic cavity by its Head or Shoulder or Thighs (breech) these indicate abnormalities of vertex, transverse and breech positions presentations.

There are Ashtagatis of mudhagarbha explained by Sushruta acharaya which can obstruct the birth passage and thus obstructing the course of labour.

These gatis of mudhagarbha with modern correlation will be depicted in the poster.

**Keywords:** Sukha prasav, Mudhagarbha

## **YOGA FOR EASY LABOUR**

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### **Abstract:**

Yoga has always been an integral part of ayurvedic line of treatment not leaving pregnancy and labour as an exception. Yoga is like relaxed mind and healthy body. In times of pregnancy, when women are battling mood swings at varying levels, fatigue and sickness, painful leg cramps and breathing problems; yoga exercises, techniques and postures ease all such condition ensuring a period of relieved nine months, stable mental and physical condition and ultimately easier labour and smooth delivery. This also includes meditation by pranayam, prayers and chanting holy name of Almighty. Besides that, asanas like matsyasana, vakrasana, konasana, bhadrasana, etc. Thus all pregnant ladies must perform these activities for easy nine months and painless labour.

**Keywords:** Yoga, Labour, Pranayam.