

Matra Basti & Yoni Pichu For Normal Labour

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ABSTRACT

After completion of nine months journey, pregnant women going to stage of giving birth i.e labour. Where the series of events take place in the genital organ in an effort to expel the viable product of conception out of the womb through the vagina. It is seen that labour pains can be very painful and terrible, and most women get nervous. Such management protocol should be employed to combat the nervousness and to ease the pain and process. The normal labour is beneficial both for mother and child, and is the safest, most practical and advantageous way for giving birth to a baby. The ancient scholars of Ayurveda advocated about regimen for normal labour and to ease the process. Matra basti and Yoni Pichu are Ayurvedic procedures where indicated drug are instilled through anus and vaginal orifices respectively to establish the normal labour. This article is concerned to increase the rate of normal birth. As it is described by ancient acharyas, clinical experiences and data from observational study may helpful in the way.

Keywords: Labour, Matra Basti, Yoni Pichu

I. INTRODUCTION

The World Health Organization (WHO) defines normal birth as "spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy¹. Normal labour can vary from woman to woman and even between pregnancies to pregnancy in the same woman. The first labour in a woman is usually more difficult than subsequent labours. Age of the pregnant woman is also a determinant in the type of labour. Labour is easiest when the woman is between 18-25 years of age.

The last few hours of human pregnancy are characterised by uterine contractions that effect cervical dilatation and cause the fetus to descend through the birth canal. Long before these forceful,

painful contractions, there are extensive preparations in both the uterus and cervix, and these progresses throughout gestation. During first 36 -38 weeks of normal gestation, the Myometrium is in a preparatory yet unresponsive state. Concurrently, the cervix begins an early stage of remodelling termed softening, yet maintains structural integrity. Following this prolonged uterine quiescence, there is a transitional phase during which myometrial unresponsiveness is suspended, and the cervix undergoes ripening, effacement and loss of structural integrity².

Ayurveda is an indigenous system of medicine; emphasizes the garbhavkranti (process of descent of various components in embryo) to prasava (process of labour) and Sutika (puerperium) very well. Ayurvedic literature suggests the pregnant women to be treated with utmost care to deliver a good and healthy progeny. This purpose can be achieved by congenial diets, good conduct and mode of life. Ayurveda

advocates the nine month dietetic regimen during pregnancy for normal labour and optimum fetal outcome.

Sushruta has indicated that in eighth month for clearing the retained feces and anulomana of vayu, the asthapana basti should be given followed by anuvasana basti of oil medicated with milk and decoction of Madhura group.³

In 9th month of pregnancy, Charaka advised the use of anuvasana basti with oil prepared with the drugs of Madhura group and yoni pichu (Vaginal tampon) of the same oil for lubrication of garbhasthana and garbhamarga³.

Vagbhata advised bastikarma in 8th month, and in 9th month both anuvasana basti and yoni Pichu should be applied.³

II. DISCUSSION

The steady increase in the rate of caesarean births is given attention to all for their dramatic increase worldwide. This increase has occurred as a result of changes in the management of several factors, including malpresentation, fetal distress, prior caesarean section, and dystocia. The increase in the caesarean section (CS) rate has not been a major contributing factor in decreasing the perinatal mortality rate, which has occurred during the same period of time.

Although, caesarean Section is a life-saving surgical procedure in certain complications arise during pregnancy and labour. However, it is a major surgery and is associated with immediate maternal and perinatal risks and may have implications for future pregnancies as well as long-term effects that are still being investigated. The reasons for this increase are multifactorial and not well-understood. Changes in maternal characteristics and professional practice styles, increasing malpractice pressure, as well as economic, organizational, social and cultural factors

have all been implicated in this trend. Additional concerns and controversies surrounding CS include inequities in the use of the procedure, not only between countries but also within countries and the costs that unnecessary caesarean sections impose on financially stretched health systems.

The rate of hysterectomy, blood transfusions, adhesions and surgical injury, all increased with increasing number of caesarean deliveries. The incidence of placenta previa increased from 10/1000 deliveries with 1 previous caesarean delivery to 28/1000 with ≥ 3 caesarean deliveries. Compared with women with previa and no previous caesarean delivery, women with previa and ≥ 3 caesarean deliveries had a statistically significant increased risk of accreta (3.3-4% vs 50-67%), hysterectomy (0.7-4% vs 50-67%), and composite maternal morbidity (15% vs 83%; odds ratio, 33.6; 95% confidence interval, 14.6-77.4)⁴.

In Ayurveda, Garbhini paricharya is planned for systemic supervision and care of a woman during nine months of pregnancy. In Ayurveda, garbhini paricharya has been given great emphasis which helps in³ -

1. Proper development of foetus,
2. Softening of pelvis, waist, sides of the chest and back,
3. Downward movement of Vata (Vatanulomana) – this is needed for the normal expulsion of fetus during delivery,
4. The natural urges are expelled out easily, through their respective passages,
5. The skin and nails become smooth and Garbhini attains high degree of Bala (strength), Varna (complexion) and Ojas (essence). She also reposes timely.

All the above things help to establishes normal labour.

In 8th month of pregnancy Acharyas advocated:

(a) Sushruta Samhita

1. **Asthapana Basti** : With decoction of Badari mixed with Bala, atibala, Shatpushpa, Palala (pestled sesamum seeds), milk, curd, mastu, oil, salt, Madanphala, honey and ghrita.
2. **Anuvasana Basti** : Oil medicated with milk and decoction of Madhura group.

(b) Astanga Sangraha

1. **Asthapana Basti** : With Badari kwath mixed with Palal, milk, curd, taila, ghrita madhu and Madanphala etc.
2. **Anuvasana Basti** : Oil prepared with drug of Madhura group like Madhuyasti etc.

(c) Astanga Hridaya

1. **Anuvasana Basti** : With ghrita and drug of Madhura group for cleaning of collected feces.
2. **Niruha Basti** : With decoction of Suskamuli, badari and sour substances mixed with pestled Shatpushpa, ghrita, oil and rock salt.

In 9th month of pregnancy Acharyas advocated:

(a) Charaka Samhita

1. **Anuvasana Basti** : Oil prepared with drug of Madhura group.
2. **Yoni Pichu (tampon)** : by oil prepared for anuvasana basti.

(b) Astanga Sangraha

1. **Anuvasana Basti** : With oil prepared in 8th month.
2. **Yoni Pichu** : Oil prepared in 8th month for Anuvasana basti.

(c) Astanga Hridaya

1. **Anuvasana Basti** : With oil prepared in 8th month.
2. **Yoni Pichu** : Oil prepared in 8th month for Anuvasana basti.

(d) Bhela Samhita

Anuvasana Basti : With Kadambamasha oil.

Benefits of Asthapana and Anuvasana Basti³

It functions for clearing the retained feces and vatanulomana. Due to downward movement of Vata (especially Apana vayu), the pregnant women delivers without difficulty and remains free from complications.

Basti should be given to the pregnant women in **bent or humpbacked** position (in this position passage get dilated and medicine enter properly).

Vatanulomana in modern prospective

Bastikarma perform the function of vatanulomana, especially Apana vayu. Apana vayu is responsible for expulsion of fetus, if it is in normal state, fetus is comes out through right way. In modern context it could be correlated with the neuro-hormonal co-ordination on labour. There are multiple paracrine and an autocrine event occurs for the triggering of parturition in women. It is highly coordinated mechanism at the time of labour for successful expulsion of the new born. The timely onset of labour and delivery is an important determinant of perinatal outcome. Vata has a great influence on psychological built up which exerts considerable influence on maintenance of normal function.

Role of clearing of retained feces

Pregnant women would have more room for the baby to be born if the back passage is cleared. It also shortens the labour.

Benefits of Yoni Pichu³

It help for lubrication of garbhasthana and garbhamarga which help in proper effacement and dilatation. During labour, cervix softens and becomes more distensible, a process called cervical ripening. The chemical and physical changes are required for cervical dilation, labour and delivery of a fetus. The rearrangement of the extracellular matrix of the uterine cervix during pregnancy and parturition occurs by the progression of a complex, finely regulated biochemical cascade.

For Matra basti and Yoni Pichu Bala (*Sida cordifolia*) taila should be used. *S. cordifolia* contains various alkaloids, flavonoids, phytoesteroids, sterols and fatty acids etc. *S. cordifolia* is used as aphrodisiac, analgesic, antipyretic, antiasthmatic, diuretics, laxative, hypoglycaemic and hepatoprotective etc⁵.

MATRA BASTI

Matrabasti is a type of Anuvasana basti based on 'Matra' (quantity) of Basti Dravya. All Acharyas explained about Matrabasti and considered that it is safe and useful in many conditions where other varieties of Basties are contraindicated. It is termed so, because the dose of Sneha used in is very less as compared to the dose of Sneha Basti.^{6,7,8}

In this treatment, medicated oils and herbal extracts are applied through the rectum on a daily basis. Matra Basti has a lubricating, balancing, nourishing, strengthening and pacifying effect. It also works as rejuvenator, immune-modulator and nutrient and subdues elevated vata dosha. The treatment lasts for a period of 3 to 7 days.

Table 1

Basti Dravya	Medicated Oil or ghrita
Dose	60 mL
Route and Time of administration	Rectally, 3 -7 days may be used or after 36 wks of pregnancy weekly
Retention time	As long as possible

Food before Basti Procedure: low fatty diet.

Procedure: After the evacuation of bowel pregnant women should take food properly. During procedure she should be lies down on the table in left lateral position with right knee flexed. 60 ml of lukewarm oil should be pushes in to anal canal (~4 – 6 inch) with the help of syringe and rubber catheter. After complete passing of oil the catheter should be removed. To prevent early evacuation of the oil the woman should be kept in supine position with elevated buttocks for half an hour. Pregnant women should be advised to retain the oil as long as possible

and after the basti karma take light and nutritious food along with lukewarm water during the next meal time and not to do any heavy work.

YONI PICHU


Pichu application is a type of Sthanik Chikitsa (local application) or a type of Snehan therapy. The efficacy of Sthanik Chikitsa lies in the fact that, it helps in lakshana upshaman⁹.

Pichu is made of cotton. It is the application of sterile swab wrapped with gauze piece soaked in medicated oil and put into the vagina. Since oil is use in Pichu, so function of Pichu are : Snehana (Unctuousness), Vishyandana (Fluidity), Mardavata (Softness), Kledana (Moistness).

Local application of drug is easy to administer. The topical application of drug has advantage of producing high drug concentration near the tissue and a high influx through the membrane is achieved.

Vaginal pichu of the oil causes lubrication of garbhasthana (cervix) and garbhamarga (vaginal canal and perineum).^{10,11,12}

Table 2

Pichu dravya	Medicated oil or ghrita
Dose	5 – 8ml, Vaginal tampon
Route and Time of administration	Vaginally, daily HS for 15 days after 36 wks.
Retention time	At least 6-7 Hrs.
Pichu	

Procedure: Autoclaved Pichu should made-up of gauze piece wrapped over cotton ball of apprx. 3x3cm. Pregnant women should empty bladder and lie down in supine position with flexed knees then to insert the sterile pichu soaked in oil with index finger into

vagina in such a way that the end of the pichu should come out of vagina. This facilitates easy removal of pichu after 6 to 7 hours.

III. CONCLUSION

Scientific study should be encouraged in order to enhance the normal labour and birth naturally. The randomized clinical trial should be done to document the benefits of Matra basti and Yoni Pichu on normal labour. This should be prescribed to more women that came for antenatal checkups.

By the Asthapana and Anuvasana Basti, Sodhana of Purana Pureesha (feces) and Anulomana of Vayu (normal neuro-hormonal function) occurs which in turn leads to Sukha and Nirupadrava Prasava (normal labour and free from complications). Garbhini who follows the above said Upakramas becomes Snigdha, gains strength and delivers normally and easily without any complication. Vaginal Pichu applied at ninth month touches the cervical os may cause effacement and ripening of cervix, regular uterine contractions at term and inhibit PROM.

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