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"Effect of *bala siddha taila anuvasan basti* on labour pains."

TRUPTI GAWADE [1], MANDA GHORPADE [2]

1 Asst. Professor

2 Professor & HOD

Corresponding Author: Dept of Prasuti Tantra & Stree Roga, Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar

ABSTRACT

Pregnancy and labour are major events in a woman's reproductive life. At present pregnancy and child birth is a very sensitive issue for a pregnant lady and her family.

In today's stressful and fast lifestyle many of factors are causing *Apanvikruti*.If *Apan* is *prakrit* then only *prakrit prasava* is possible.

For this purpose specific regimen with *Anuvasan Basti* with *Madhur Aushadhi Taila* is mentioned in *Charaksamhita* in the context of *garbhini paricharya.* *Acharya Charak* has included *Bala in Madhur Skandha.*

So in this study the effect of *Bala Siddha Taila Anuvasan Basti* on labour pains.

INTRODUCTION

In *Ayurveda acharya* described the definition of *Stree* in point of her foetus so obviously *Prasava* is very important event in woman's life.

Prasava is very important & unavoidable event connected to woman life. Courses of labour can affect woman health not only for that time being but

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also throught her life. For maternal & fetal health *Sukhaprasava* is important.

The woman is said to be complete when she becomes a mother.Every pregnant woman expects *Sukhaprasava.* The process of *Prasuti* is controlled & regulated by *Apana vayu*.

The subject chosen is with a goal of *Sukhprasavaya.*

The *Garbhini Paricharya* described aim towards:

1) *Anupghataya*:Without maternal & foetal complications.

2) *Paripurntvaya*: Full term/full mature foetus.

3) *Sukhprasavaya:*

For *Sukhprasavaya Vata Dosha* should be in *Prakrit* state. Keeping this in mind *Acharyas* have stated *Anuvasan Basti* in 9 month for preventing *Vata Vikruti* & facilitates Normal Labour.

Thus *Anuvasan Basti* brings generalised unctuousness, *Dhatu samya, Vata prashman* & maintains *Vata gati*, provides strength to the lady to undergo the stressful labour process & have an uncomplicated intra & post partum period.

Pakwashaya is the main sthana of *Vata dosha* as well as *Apana vayu.*

Prakrit Prasava is possible only when *Apana* is *prakrit.*So in this study*"Madhur Aushadhi Siddha Taila"* that is *Bala Taila Anuvasan Basti* is used in *Garbhini* for *sukhaprasava.*

Acharya Charaka has included *Bala* in *Madhura Skandha*

So *Bala* was selected considering its *Guna.*

- **AIM:**

To study the "Effect of *Bala Siddha Taila Anuvasan Basti* on labour pains.

- **OBJECTIVES:**

1) Conceptual study regarding to labour process and *Anuvasan Basti* were done.

2) Effect of *Bala siddha taila Anuvasan Basti* on labour pains were done.

MATERIALS AND METHODOLOGY

According to *Garbhini paricharya, Anuvasan Basti* of *madhur aushadhi siddha taila* administered in 9th month of pregnancy.

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Materials:- 1. *Bala siddha taila*

2. ANC Patient 36 wks onwards.

Bala Siddha Taila *:-*

Bala siddha taila was prepared by classical *Taila Pak Vidhi*

Authentificated & Standerdized *Bala Taila* were taken.

All required accessories for *Basti* were obtained and kept ready.

Methodology :-

1. Routine ANC patient 36 wks onwards from OPD were selected.
2. DRUGS:- *Bala (panchanga)*
   Tila taila

1.Random selection of Patients were done according to inclusion criteria

INCLUSION CRITERIA:- Primipara with singleton pregnancy of 36 weeks

EXCLUSION CRITERIA**:-**

- Multipara
- Patients having *Garbhopdravas* like Pregnancy Induced Hypertension, Anaemia, Cardiac disease etc.
- Patient having *Garbhavyapdas.*

2. Informed written consent of patients were taken.

3. Total no. of 200 patients were selected and divided in to two groups

   Group A) Trial group-100 patients

   Group B) Control group-100 patients

4. Through obstetric examination was done to determine period of gestation> 36 week at the start of treatment and fundal height in cm, weight, AC, position of foetus, presentation, head engaged/floating was also assested.
5. All patients were subjected to the routine necessary haematological and urine laboratory investigations.
6. Every time when patient visited the ANC clinic, follow up after every 4 days taken.
7. Both group patients were called for twice in a week for *Anuvasan Basti*. 100ml of *Bala siddha taila* was administered for

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Anuvasan Basti and the *pratyagam kala*, was noted.

8. Total 7-8 *Anuvasan basti* were completed by each patient.
9. Control group patients were assested under same criteria and followed for weekly
10. Follow up of the patient were kept up to her delivery.

Observations were noted during the whole labour process.

ASSESMENT CRITERIA

1. Bishop score
2. Uterine contractions – Mild, Moderate, Strong in hr.
3. Total duration of labour

OBSERVATIONS AND RESULTS

Frequency distribution analysis was done for the following attributes.

Clinical Data:

Statistical analysis was done on the following attributes:

1. Bishop Score
2. Uterine contraction Mild
3. Uterine contraction Moderate
4. Uterine contraction Strong

Assessment criteria:

1. The frequency distribution of demographic data was done.
2. Kruskal-Wallis Test was usedto compare the mean tendency between the 2 groups.

Frequency Analysis:

Bishop score:

On the basis of Bishop Score the patients were divided into two groups:

0 to 5

6 and above

Majority of the patients from both Trial and Control groups i.e. 78% and 61% have 6 and above bishop score.

Bishop score	Trial Group	Control Group
0 to 5	20	39
6 and above	78	61

The Bishops score was more favourable or almost same in both. i.e. 78 from Trial group & 61 from Control group.

Uterine contractions (In Hour) Mild:

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On the basis of mild uterine contractions patients were divided into two groups:

1 to 5

6 and above

Majority of the patients from both Trial and Control groups i.e. 14% and 36% respectively have 1 to 5 mild uterine contractions.**In trial group**- 14 had mild contraction since admission but they all delivered normally without any complications only 1 of them needed LSCS for induction failure & 2 of them had prolonged labour.

In control group- 40 volunteers had mild contractions & in them 4 volunteers had mild contractions more than 6 hrs they all needed LSCS for prolonged labour & in them out of 36, 20 pt. had prolonged labour & need augmentation.

Uterine contraction (In Hour) Moderate:

On the basis of moderate uterine contractions the patients were divided into two groups:

1. 1 to 5
2. 6 and above

37 of the Trial group patients had 6 and above moderate uterine contractions and 20 of the Control group patients have 1 to 5 moderate uterine contractions.

In Trial group 65 patients had moderate contractions & in that 5 patients required LSCS for prolonged labour & 10 of them needed augmentation but delivered normally.

In Control group 45 had moderate contractions out of them 10 needed LSCS. 6 of them for prolonged labour & 4 of them had foetal distress. In them 15 volunteers required augmentation for prolonged labour.

Uterine contraction Strong:

On the basis of strong uterine contractions the patients were divided into two groups:

1. 1 to 5
2. 6 and above

The patients from both Trial and Control groups i.e. 79% and 40% respectively had 1 to 5 strong uterine contractions.

Uterine contraction Strong	**Trial Group**	**Control Group**

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Total labour duration (hrs)	Trial Group	Control Group
More than 12 hrs	24	26
Less than 12 hrs	53	43
1 to 5	79	40
6 and above	1	0

In Trial group 80 patients had strong contractions only 4 of them required LSCS for hyper tonicity of uterine contractions- 1 for APH & 3 for fetal distress & remaining all delivered normally. In Control group 40 patients had strong contractions. 6 of them needed LSCS for hyper tonicity of uterine contractions- 2 of them for APH & remaining 4 for fetal distress.

Total Labour Duration:

On the basis of Total labour duration (hrs) the patients were divided into two groups:

a) More than 12 hrs

b) Less than 12 hrs

Majority of the patients from both Trial and Control groups i.e. 53 and 43 respectively have less than 12 hrs Total labour duration.

12 hrs was considered acc.to mean reading of both groups

1) Above table indicates that about 53 of all Primis from trial group delivered within 12hrs of labour onset that means there is marked reduction in duration of labour.
2) 24 patients of Trial group had >12hrs of duration. In Control group 26 had >12hrs duration.
3) LSCS needed:

a) Control group 31- 17 had prolonged duration >14hrs.

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b) Trial group 21- 14 had prolonged labour duration.

4) 10 from Trial group:

5) 3- Ventouse delivery, less bearing down. 2- Uterine inertia.

5- Long latent phase.

RESULT:

Test Statistics			
	Uterine Contractions (Mild)	Uterine Contractions (Moderate)	Uterine Contractions (Strong)
Chi-Square	14.331	4.308	11.253
Df	1	1	1
P-value	.00017	.038	.001
a. Kruskal Wallis Test			

DICUSSION

Distribution acc. to Bishops score:

Bishops score is called Prelabour score. It determines the cervical consistency, position, effacement, station of presenting part. It is favourable or not for normal delivery. Score is said to be favourable that lies between 6-13.The *basti* treatment brings about these changes.

The *bala taila* causes *mardava* (softening), *kledana* etc.*Bala* is also a demulcent which enhances the ripening action. In this study basti also caused local action on cervix. i.e. Softening & ripening action.

In trial group patients 78% had bishops score ie. 6 & above 20% patient had bishops score between 0-5. Out of them only 5 pts. Needed LSCS due to foetal distress. Remaining 15 patients delivered normally, out of them 3 had prolonged labour required augmentation.

Distribution acc.to Uterine Contractions:

The pacemaker of uterine contraction is situated in tubal Ostia, from where waves of contraction spread downwards. So with the *Basti* and *prakrit vata sthitee* was achieved , *Bala*

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siddha taila being *guru* , *snigdha* , *balya and brimhana* , increases muscle tone and contractility , so volunteers from trial group had good effective moderate contractions during 1st only .

In control group most of the patients had mild uterine contractions and so most of them needed augmentation. Even with moderate contractions in trial group no maternal or foetal distress was observed .As intermitted adequate relaxation occurred that prevented maternal and uterine fatigue.

Distribution acc. to total labour duration:

Labour is said to be prolonged when cervical dilation is less than 1cm/hr.and descent is less than 1 cm/hr.

The causes are uterine inertia or less bearing down efforts fault in passage i.e. cervical dystocia, resistance of perineum. Fault in passenger i.e. mal position and mal presentation.Thus all the above factors hamper the Total labour process.

With *Anuvasana basti anuloma gati of Vata dosha* is maintained causing good, effective uterine contractions, good bearing down effort by increasing *bala* and *satwa.*

Anuvasana Basti

100 ml. of anuvasana basti was administered. Actually 120 ml. is the ideal matra of anuvasana basti. As after 32 weeks in pregnant patients, the pressure of presenting vertex obstructs the rectum, only 100 ml. could be retained. Anuvasan basti had many benefits as follows:

- One patient had less foetal movements, but after 2-3 basti , she had marked foetal movements, but marked foetal movements .

- Most of patients got relief from abdominal discomfort & backache.

- No side effects / complications of anuvasana basti were noted. Many volunteers had soft stools, no one had constipation.

- 2 Patients had dribbling micturition which recovered after anuvasana basti.

- 2 Patients in Trial group had taken 7 *basti* both of them gone for delivery at another hospital due to their family

problem but follow up taken on phone both of them delivered normally hence they are excluded from study.

Thus the treatment was highly effective in normal labour and did not cause any complication which would be hazardous to maternal or foetal health.

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