



## RESEARCH ARTICLE

### A CLINICAL STUDY ON EFFECT OF BASTI AND YONIPURANA IN THE MANAGEMENT OF PRASAVA

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#### ABSTRACT

WHO defines normal birth as: "spontaneous in onset, low-risk at the start of labour and remaining so throughout labor and delivery. In normal labour the foetus is delivered spontaneously in the vertex position between 37 to 42 weeks of pregnancy<sup>i</sup>. After birth, mother and infant are in normal condition" Aim and Objectives- 1.To evaluate the role of *Basti (Vasadi Kwatha+Dashamoola Taila)* and *Yonipurana (Eranda Taila)* procedures in onset of labour, various stages and duration of labour after completed 8<sup>th</sup> month of pregnancy. 2. Effect of above drugs along with procedures on mother and baby. The study was Single Arm Open Labelled Interventional Clinical Trial in which 50 patients. Patients belonging to the age group 18 to 35 years were enrolled. Treatment, administration of *Basti* and *Yonipurana* 3 days alternatively is useful to remove the *Purana Pureesha* and normalize the function of *ApanaVata*. *Basti* is the main treatment for *Vatanulomana* and *Prasava* is totally depends on the action of *PrasutiMaruta (Vyana and ApanaVayu)*. *Yonipurana* with medicated oil helps to soften the birth canal enabling easy delivery. Treatment showed highly significant result in symptoms i.e. *Katiprushtha Vedana* (backache), *Udarashoola*, *Gaurava*, *Angamarda*, *Suptata*, *Daurbalya*, *Mutrakrichhta* and *Malabaddhata* (Constipation). There was no any complications noted in the patients after procedures. It is the best treatment for preparation for *Prakrita Prasava* and less intervention during *Prasava*, mother and baby in good condition.

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## INTRODUCTION

To improve the quality of life human being are trying to develop newer resources as well as trying to improve the quality of life by acquiring sound health. Therefore health care is one of the most vital aspects for each individual. For this purpose there are various systems of medicine in practice. Likewise old and new faculties are growing, because human concern is not to get rid of diseases but to remain physically and mentally fit and there by human can lead a cheerful, happy and meaning fullife. Ayurveda has respectable status among all systems of medicine and it is considered to be the most perfect and suitable system of medicine. WHO defines normal birth as: "spontaneous in onset, low-risk at the start of labour and remaining so throughout labor and delivery. In normal labour the foetus is delivered spontaneously in the vertex position between 37 to 42 weeks of pregnancy<sup>ii</sup>. After birth, mother and infant are in normal condition"<sup>iii</sup>.

In a pregnant woman, the *Prakruta* function of *Apana* and *Vyana Vayus* are very much essential for normal delivery. At the time of parturition, if any one of it is vitiated, then leads to *Vilambita Prasava* (Prolong labour), *Moodha Garbha* (Obstructedlabour) etc. In Ayurvedic literature, many drugs and procedures are mentioned to achieve *Prakruta Prasava* as a part of *Garbhini Paricharya*. The ancient *Acharyas* were well aware about the mode of action of these Ayurvedic drugs & procedures on labour. In Ayurveda, *Basti* is considered to be the best treatment for *Vata*. *Basti* cures all the disease of *Vata*. *BastiKarma* controls *Vata* at its *Moolasthan* *Pakvashaya*, and thus all metabolic processes under the control of *Vata* are automatically regulated as, if the root of the diseased tree is destroyed; its branches, leaves, and flowers are automatically destroyed. *Basti* after 8<sup>th</sup> month of pregnancy is useful to remove the *Purana Pureesha* and normal is e the function of *Apana Vata* & facilitates Normal Labour. *Yonipurana* with medicated oil helps to soften the birth canal enabling easy delivery. In Ayurveda there are many drugs and procedures are mentioned by our *Acharyas* which have the similar effects like

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modern medicine on pain relief in labour and some procedures for cut short the duration of various stages of labour to make it easy and they have not any side effect on the mother or baby.

**Drug Review:** All the ingredients of formulations were procured from the Pharmacy, Gujarat Ayurved University, and Jamnagar and authenticated in the Pharmacognosy Department. The trial drugs *Dashamoola Taila*, *Vasadi Kwatha*, and *Eranda Taila (Basti and Yonipurana)* was prepared specially for clinical study at the Pharmacy of Gujarat Ayurved University, Jamnagar. There after their written consent was taken before starting the intervention

### Criteria for Selection of Patients

**Inclusion criteria of patient:** Prime and multi pregnant patients with following conditions

- Age group between 18-35 yrs.
- After completed 8<sup>th</sup> month of pregnancy.
- Presentation must be Vertex.
- Absent of CPD (Cephalo pelvic disproportion by clinical diagnosis)

### Exclusion criteria of patient

- Age <18 and >35 years.
- Known case of C.P.D
- Mal-presentation.
- Severe oligohydramnios.
- APH
- Complicated Pregnancy cases i.e. pregnancy with Jaundice, Pre-Eclamptic Toxemia Eclampsia, Twin Pregnancy, Severe Anemia<7gm%, PIH etc. Patients having other systemic pathology (TB, DM, HIV, HBsAg etc.).

### Investigations

#### General investigations

- Routine Haematological Investigations: Hb%, Blood group, Rh factor, TC, DC, ESR, Platelet count, BT, CT, FBS, LFT, RFT before the treatment.
- Urine Routine and Microscopic examination was carried out in all the patients.
- Serological investigations HIV, VDRL, HBsAg before the treatment.

#### Special investigations

U.S.G - Abdominal ultrasonography for foetal weight, liquor, placental site, etc.(foetal well-being)

### Treatment Protocol

#### *Basti* procedure

**Method of *Basti Karma*:** *Dashamoola Taila* + *Vasadi Kwatha Basti* was administered after admitting the patient in IPD of PTSR Dept, before one day administration of *Basti*, next day in morning advised to take light breakfast.

### Procedure was conduct in three steps

#### *Poorva Karma*:

#### Ingredients

- *Vasadi Kwatha* – *Kwatha* prepared with 25 gm *Vasadi Yavakuta* and 400 ml water, reduced to 1/2 (200 ml) and filtered.
- *Dashamoola Taila*- 60 ml

#### *Pradhana Karma*

- The patient was asked to lie down in left lateral position (*Vamparshava*) on the *Basti* table with her left leg in the out stretched posture, while the right leg flexed at the knee and the head was slightly bent.
- Patient was instructed not to use pillow and not to shake her body while taking the *Basti*.
- The *Basti* pot along with rubber catheter No.8 was used for administration of *Basti*.
- The whole *Basti* materials i.e. decoction mixed with oil had taken in luke warm condition in *Basti* pot attached with tube lastly the end of tube attached with a rubber catheter (No.8).
- After that the tip of catheter inserted into anal canal of the patient steadily and slowly following the curve of the vertebral column until it reaches inside up to 3-4 inches.
- Anal orifice and tip of the catheter were lubricated with the oil & air was removed from the catheter and pipe of *Basti* pot.
- Thereafter, the catheter was hold slightly upward position above the anal orifice and the administration of *Basti* was done slowly without shaking the hand.
- Leaving behind a little quantity of *Basti Dravyas* in the *Basti* pot.
- During the administration of *Basti*, the patient was instructed to take deep breathing.
- After the administration of *Basti*, the catheter was removed from anal canal and the patient was advised to take normal breathing.

#### *Pashchat Karma*

- After administered of *Basti*, patient was asked to turn into supine position and rest on the table till she feels the urge for defecation.
- After passing out the *Basti* drug along with stool, the patient was allowed to take the light diet.

### *Yonipurana* Procedure

#### *Poorva Karma*

**Ingradients-** *Eranda Taila* - 15 ml  
Disposable syringe - 20 ml  
Rubber catheter - 8 no.

#### *Pradhana Karma*

- The patient was instructed to lie down in supine position with knee flexed on the table in procedure room.

- After *Pratyagamana* of *Basti*, *Yonipurana* with luke warm *ErandaTaila*(15ml) taken into 20 ml syringe attached with No.8 rubber catheter
- Catherwasinserted into posterior fornix through vaginal canal.
- After pushing oil into vaginal canal, a small *Pottali* (tampon) prepared by gauze piece soaked in the same oil was inserted into the vaginal canal.

**Pashchat Karma**

- After administration of *Yonipurana*, patient was advice to take rest in supine position on the bed at least 2 hours.
- Patients was instructed to remove the *Pottali* (tampon) after 2 hours or when urge of urination.
- The patient was allowed to take the light diet, hot water bath and avoid to drinking chilled water.

**Pathya / Apathya**

- No any specific restrictions are mentioned in classics however patients were advised to avoid, *Ratrijagarana*, *Vegadharana*etc.
- Food which could causes indigestion and constipation etc.
- Advice to take ghee, *Godugdha*, and fibers diet.

**Complications during procedures:** No any complications were found in the patients during to procedures.

**RESULTS**

**Effect of *basti* and *yonipurana* in cardinal features in 50 patients**

Symptoms	B.T.	A.T.	%	Mean diff.	‘W’	‘T’	‘Z’	‘P’	Sign.
<i>Katiprishtha-Vedana</i>	42	00	100	0.84	903	903	6.48	<0.001	‘HS’
<i>Yonirava</i>	32	32	00%	0.0	0.000	0.00	2.63	1.000	‘NS’
<i>Udarashoola</i>	27	03	88.88%	0.48	3.000	3.00	4.89	<0.001	‘HS’
<i>Gaurava</i>	27	02	92.59%	0.5	325.0	325	5.00	<0.001	‘HS’
<i>Angamarda</i>	10	00	100%	0.2	55.0	55.0	3.162	0.002	‘S’
<i>Suptata</i>	11	02	81.81%	0.18	45.0	45.0	3.000	0.004	‘S’
<i>Daurbalya</i>	33	16	51.51	0.34	153.0	153	4.123	<0.001	‘HS’
<i>Mutrakrichhta</i>	13	00	100%	0.26	91.0	91.0	3.606	<0.001	‘HS’
<i>Malabaddhata</i> (Constipation)	22	00	100%	0.44	253.0	253	4.690	<0.001	‘HS’
<i>Padashotha</i>	24	00	100%	0.24	78.0	78.0	3.464	<0.001	‘HS’

**Effect of *basti* and *yonipurana* in engagement of the head (Engaged B.T. n=05)**

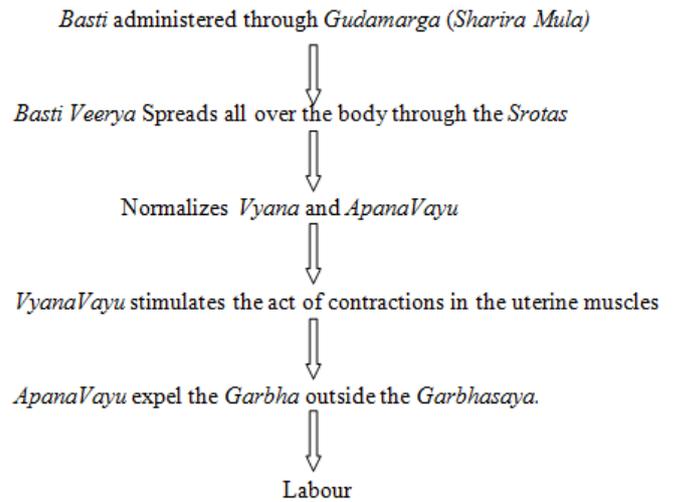
Position of the head	B.T.	A.T.	%
	Floating head	Engaged	
Total	45	45	100%
	45	45	100%

**DISCUSSION**

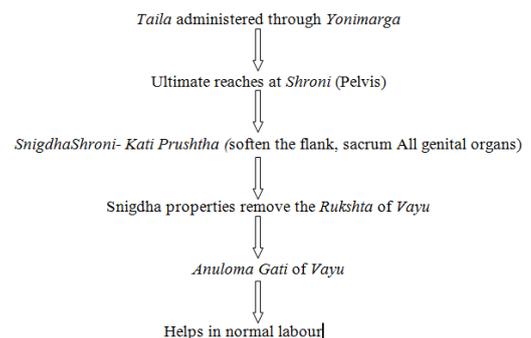
*Acharya* Sushruta has clearly stated that *Asthapana Basti* should be given to the pregnant woman to evacuate the *Purana Pureesha* and to make the *Vayu* to pass in its right direction. The *Anuvasana Basti* which is given in the woman also performs the same function, the result being *Sukha* and *Nirupadrava Prasava*. *Basti* with *Dashamoola Taila* and *Vasadi Kwatha* is the combination of *Sneha Basti* and *Shodhana Basti*. Due to *Snehana* property, the abdomen, flanks, sacrum and all genital organs become *Snigdha*. This *Snigdha* property removes the *Rukshata* of *Vayu* and thus it controls the exaggerated *Vata*. At the same time, for expulsion

of foetus, the stretching of ligaments is very much essential, when the *Vayu* is in its normal direction and when the muscles and ligaments have *Snigdha* properly, then the expulsion of foetus from the birth canal is very easy. *DashamoolaTaila* is the best drug for *Vatanulamana*. Its normal function is expulsion of foetus through natural passage without any complication. The *Basti* is not only helps in elimination of *Purana Pureesha* but also helps in *Anulomana* of *Vayu* which will lead to *Prakrita Prasava* without complications. So, the *Basti* is facilitate *Prakrita Prasava*.

**Probable mode of action of *Basti***



**Probable mode of action of *yonipurana***



## Conclusion

- After administration of *Basti* and *Yonipurana*, highly significant relief was noted in *Katiprishtha Vedana* (100%) and (88.88%) *Udarashoola*, *Mutrakrichhta* (100%), pedal oedema (100%), *Malabaddhata* (100%) and *Angamarda* (100%) and significant relief was noted in *Gaurava* (92.59%), *Suptata* (81.81%) and *Daurbalya* (66%).
- Spontaneous onset and timely delivery (EDD) was found in all cases.
- The study was concluded that the proper administration of *Basti* with *Dashamoola Taila* + *Vasadi Kwatha*, *Yonipurana* with *Eranda Taila* after completed 8<sup>th</sup> month of pregnancy reducing the duration of labour and associated complications.

## REFERENCES

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