

**ROLE OF ANUVASANVASTI WITH PICHU & SUKH PRASAVKAR
YOGA IN PREGNANCY ON PROGRESS OF LABOUR****Meenakshi Pal*¹, Sushila Sharma² and B. Pushpalatha³**

¹Assistant Professor Deptt.of Prasuti and Stri Roga Veena Vadini Ayurvedic College
Bhopal.

²Associate Professor and HOD Deptt. of Prasuti and Stri Roga NIA Jaipur.

³Assistant Professor Deptt. of Prasuti and Stri Roga NIA Jaipur.

Article Received on
26 Jan 2016,

Revised on 22 Feb 2016,
Accepted on 13 Mar 2016

DOI: 10.20959/wjpr20164-5860

***Correspondence for
Author**

Dr. Meenakshi Pal

Assistant Professor
Deptt.of Prasuti and Stri
Roga Veena Vadini
Ayurvedic College
Bhopal.

ABSTRACT

God has given this magnanimous gift only to woman the root of the importance of woman lies in their capacity of creation. Pregnancy is one of the most important events in the life of every woman. Childbearing and delivery are such physiological entities which are always ready to convert into pathological entities, if left uncared. Pregnancy during labour is the most crucial stage and needs a critical care during labour. The incidence of caesarean section and rate of uterine inertia is increasing inspite of no cephalopelvic disproportion. The use of oxytocics and other drugs used during labour causes distress and other harmful effect to foetus. So to carry out the process of delivery through normal vaginal route with minimal complication to mother and foetus

ninth month's paricharya (Antenatal Care) from Charak was followed. In this study selected pregnant women were randomly divided in two group Group A was given Madhur ausadh siddha tail Anuvasan vasti twice weekly and pichu daily in ninth month and in Group B Sukhprasavkar yoga was given 3gm bid daily. There were significant reduction in time taken in different stages of labour, reducing episiotomy and reduced rate of caesarean sections in Group A compared to Group B. Group A was also found more effective than Group B in various other subjective and objective parameters. The drugs used in both the groups was effective without any side effects.

KEYWORDS: Pregnancy, Labour, Cephalopelvic disproportion, Anuvasanvasti, Sukhprasavkar Yoga.

INTRODUCTION

God has blessed the females with the most valuable gift of motherhood. Pregnancy is one of the most important events in the life of every woman. The term normal labour is defined as it fulfills the criteria i.e spontaneous in onset, with vertex presentation, without undue prolongation, natural termination with minimal aids, and without any complications to mother and foetus. Passage through the birth canal is the most hazardous journey made by an individual in his life, the amount of pain and discomfort a woman has to face is far more than any pain imaginable. The risk and agony is increased when labor is prolonged the mother faces agonizing pain there is anxiety and fear of operative interventions. The term 'prakrit prasav'^[1] is defined as it fulfills the given criteria that is

-

- Swabhavh - spontaneous onset
- Upasthith kala - at term
- Avaksira - cephalic presentation
- Swabhawik kal - without undue prolongation

So at the onset of labour the foetus get turned & comes forward due to action of prasooti marut and then is expelled out through apathyapath this is termed as normal labour². Pregnancy specially during course of labour is the most critical stage. As Acharya Kashyapa has described this as women's one leg lies in this loka and other in parloka i.e there is fear of maternal death or some complications at every moment.^[3] So to ease her at this juncture of time acharyas have described Masanumasik garbhiniparicharya. It is the unique stage where maternal adaptation occur easily to provide a favourable outcome for both mother & foetus. As per Ayurveda the 'Apan vayu' has important role in the foetal expulsion.^[4] The vayu is essential for contraction & retraction of myometrium and to expel the foetus. To keep this vayu in balanced state, Acharyas have advised the administration of Anuvasan basti, Pichu & Sukh prasav kar yog. Vayu is most likely to be vitiated during pregnancy, and it is described that there is no other remedy more beneficial than administration of 'Vasti' particularly in affliction of vayu^[5], so as the effect of Sukh prasav kar yoga.

So with the aim of reducing the time taken in normal process of labour and to ease the process of labour anuvasanvasti, pichu and the yoga from context of vilambita prasava^[6] were used.

AIMS AND OBJECTIVES

1. Clinical study of Anuvasanvasti, Pichu & Sukh prasavkar yoga during pregnancy & its effect on labour.
2. To compare efficacy of Sukh prasav kar yoga & Anuvasanvasti with pichu in the process of labour.
3. To establish the effect of above said procedure & drug is minimising the intranatal complications, and getting a healthy offsprings.

MATERIAL AND METHODS

A. Conceptual Materials Methods Literary references were collected from Ayurvedic as well as from modern sciences.

B. Clinical Materials Methods

Selection of drugs

1. Madhurausadhh siddha tail

In this study from a number of drugs for only 8 drugs shatavari, ashwagandha vidarikand. yashtimadhu mudagparni mashparni jivanti and bala were selected from Madhura Skandha of Vimana-Sthana-8.^[7] These drugs were selected due to their easy availability & expected high degree of clinical effects. For Moorchhana of Tila Taila reference were taken from Bhasajyaratnavali-Jwararogadhikar Adhayay.^[8] After Moorchhana of Tila-Taila, Madhura Aushadha Sidhha Taila was prepared with Taila Paka Vidhi by adding eight drugs to Moorchhita Tila Taila. The Taila was prepared in pharmacy of National Institute of Ayurveda, Jaipur.

2. Sukhprasavkar yog

It has been taken from Bhaisajya ratnavali^[7] (B.R.68/57). Matulung mula churna and madhuyasti mula churna in dose of 3gm b.i.d. was administered with anupaan of madhu and Ghrita.

Selection of Patients

The study was conducted on 27 Pregnant females fulfilling all the inclusion & exclusion criteria visiting P.G. Department of Prasuti and Striroga of N.I.A. Jaipur Rajasthan ,after taking written concent. The patients were randomly divided into two group on the basis of inclusion and exclusion creiteria.

Group A - Patients of this group were given Madhur -ausadha siddha Taila Anuvasana - Vasti twice weekly, pichu once daily from 36weeks of pregnancy.

Group B - Patients of this group were given Sukhprasavkar yog 3gm b.i.d daily from 38 weeks till delivery.

Criteria of selection of patients

Inclusion criteria

- Patients who were ready to give written informed consent.
- Pregnant woman of nine months were randomly selected for the trial with age group between 20-35 years irrespective of gravida preferably primigravida.
- Normal foetal position at term.
- Patient having no systemic disease.
- Pregnant ladies having single live foetus with normal size .
- Normal pelvic measurement (adequate pelvis)
- Height of female more than or equal to 4 feet 10 inches.

Exclusion criteria

- Patient having cepholopelvic disproportion, malpresentation, abnormal size of foetus, contracted pelvis, history of APH.
- Patient having systemic diseases like diabetes mellitus, thyroid disorders, hypertension, tuberculosis, jaundice, heart diseases, epilepsy etc.
- Patients having polyhydraminos, pre-eclamsia, eclampsia, and IUGR.
- Multiple pregnancies.
- Malignancy of genital tract.
- Pelvic masses causing obstruction & vaginal obstruction (adhesion & stenosis)
- Previous caesarean delivery.
- Bad obstetrics history.

Criteria for withdrawal

If patient develops any complications or didn't come for regular follow up were withdrawn from trial.

Laboratory investigations**Haematological examination**

- CBC, Urine-Routine & microscopic, ESR, ABO-Rh ,HIV, HBsAg, VDRL,Blood sugar P.P.,BT, CT,TSH
- Ultrasonography
- Other investigation like ECG, S.urea, S. creatinine, LFT, RFT, CRP, were advised in suspected cases to rule out the other specific diseases.

CRITERIA OF ASSESSMENT

Clinical result was assessed on the basis of various subjective and objective parameters. Assessment of present trial was done during labour on factors such as.

- Incidence of Prasava kala, incidence of rupture of membrane, nature of labour, bishop score, use of episiotomy, occurrence of perineal tear, duration of labour, operative-procedure, result of the trial were assessed on the basis of signs & symptoms observed during antenatal period such as—Shevta-Srava, Yoni-Kandu, Vibandha, Udara-Shoola, Katishoola, Kshudha-Vaishmya, Daurbalyata, Nidra-Vaishmya.
- Clinical result was assessed on the basis of duration and events of stages of labour and nature of delivery on the basis of grades given to the patients:-

Grade-0

Onset of Labour - Spontaneous

Partogram - Before Alert Line

Uterine Contractions - Normal Pattern

Type of Delivery - Spontaneous Vaginal Delivery without Episiotomy.

Grade-I

Onset of Labour - Spontaneous

Partogram - Before Alert Line/ Between Alert Line &Action Line

Uterine Contractions - Normal Pattern

Type of Delivery - Spontaneous Vaginal Delivery with Episiotomy or with perineal tear.

Grade-II

Onset of Labour - Induced

Partogram - Before Alert Line between Alert Line & Action Line

Uterine Contractions - Normal Pattern/Irregular Pattern

Type of Delivery - Spontaneous Vaginal Delivery with or without Episiotomy.

Grade-III

Onset of Labour - Spontaneous/Induced

Partogram - After Alert Line

Uterine Contractions - Irregular Pattern

Type of Delivery - L.S.C.S.

STATISTICAL ANALYSIS

The information collected on the basis of observation were analyzed using appropriate statistical test (Paired 't' test was used for parametric data and Wilcoxon Signed Rank Test for non-parametric to evaluate the significances at different levels i.e. at 0.05, 0.01 and 0.001 levels.

The obtained results were interpreted as follows -

- Insignificant or Not significant (NS or NQS) - $p > 0.05$
- Significant (S) - $p < 0.05$
- More or very Significant - $p < 0.01$
- Highly or Extremely Significant - $p < 0.001$

OBSERVATION AND RESULT

In this study total 27 patients were registered and the trial as completed on 20 patients. In Group A 14 patients were registered and given Anuvaasana Vasti & Pichu, among them 4 patients were dropped out. In group B 13 patients were registered for the present study and given Sukhprasavkar yog 3gm BD out of which 3 patients dropped out.

1. Incidence of Age

The study reveals most of the patients belong to age Group of 20-25 i.e. 65% followed by 35% patients of age Group 26-30 yrs.

2. Incidence of Parity

In the present study 30% pt were nulliparous ,30% patients were primi para and 40% were multiparous.

3. Incidence of Prasavkal (gestational period)

Maximum number of patients i.e. 85% delivered at 38-40 wks of gestational period, followed by 15% patients had onset of labor at 40-41wks. No incidence of premature labour was noticed.

4. Incidence of height

The study reveals that maximum no. of patient 65% were between 5' to 5'2'' in height followed by 4'10''-4'11'' i.e 26.66%.

5. Incidence of Nature of Work

In this study maximum patient had sedentary type of work i.e 85% only 15% were labour class no business and service class patient was there .

6. Incidence of rupture of membranes

This study shows that 80% of patients had rupture of membrane at late labor i.e active phase, while 10% had ROM at early labor and only 10% had pre rupture of membranes

RESULT

Table No.2 Effect on Bishop's Score

Bishop's Score	Group A	Group B	Total	
	No.of patients	No.of patients	No.of patients	%
Favourable	07	06	13	65.00%
Unfavourable	03	04	07	35.00%
Total	10	10	20	100

This table reveals that 65% patients in Group A had favourable score which means the labour progresses normally while in Group B 35% had unfavourable score.

Table No.2 Incidence of Condition of delivery in Patients

Nature of Labour	Group A		Group B		Total	
	No.of patients	%	No.of patients	%	No.of patients	%
NVD	06	60	06	60	12	60%
NVD with Perineal Tear	01	10	01	10	02	10%
NVD with Episiotomy	02	20	01	10	03	15%
L.S.C.S.	01	10	02	20	03	15%
Total	10	100	10	100	20	100%

NVD: Normal vaginal delivery, **L.S.C.S:** Lower segment caesarean section. In Group A 60% patient delivered normally without episiotomy or without any tear, 20% delivered normally with episiotomy, 10% had normal vaginal delivery with perineal tear and 10% patient undergone LSCS.

Whereas 60% patients of Group B delivered normally without episiotomy/perineal tear, 10% delivered normally with episiotomy, 10% delivered with perineal tear and 20% patient undergone LSCS.

Table No. 3. Grade of labor wise distribution

Grade of labor	Group A		Group B		Total	
	No.of patients	%	No.of patients	%	No.of patients	%
0	04	40	02	20	14	46.66
1	04	40	04	40	10	33.33
2	01	10	02	20	03	10
3	01	10	02	20	03	10
Total	10	100	10	100	30	100

In Group A 40% patient achieved Grade 0, 40% achieved Grade 1, 10% patient achieved Grade 2, only 10% patient achieved Grade 3, i.e undergone L.S.C.S.

In Group B 20% patient achieved Grade 0, 40% achieved Grade 1, 20% patient achieved Grade 2, and 20% patient achieved Grade 3, i.e undergone L.S.C.S.

Table no. 4. Effects of therapy on different Lakshanas in Group A

Group A	Mean B.T.	Mean A.T.	Mean %	S.D.	S.E.	P	Sig.
Vibandh	1.56	0.22	85.71%	0.50	0.17	0.014	S.
Udarshool	1.75	0.88	50.00%	0.35	0.13	0.027	S.
Katishool	2.00	1.22	38.89%	0.67	0.22	0.039	S.
Daurbalyata	1.80	0.80	55.56%	0.47	0.15	0.014	S.
Kshudavaishmya	1.86	0.86	53.85%	0.58	0.22	0.039	S.
Nidra vaishmya	1.71	0.57	66.67%	0.69	0.26	0.039	S.
Shwet srava	1.71	0.57	66.67%	0.69	0.26	0.039	S.
Yoni kandu	1.50	0.33	77.78%	0.41	0.17	0.039	S.

This table deciphers that in Group A 85.71% relief was observed in Vibandh, 50% in Udarshool, 38.89% in Katishool, 55.56% in Daurbalyata, 53.85% in Kshudavaishmya, 66.67% in Nidra vaishmya, 66.67% relief was observed in Shwet srava and 77.78% relief in Yonikandu, which were statistically significant.

Table No.5.Effects of therapy on different Lakshanas in Group B

Group B	Mean B.T.	Mean A.T.	Mean %	S.D.	S.E.	P	Sig.
Vibandh	1.71	0.86	50.00%	0.69	0.26	0.056	I.S.
Udarshool	1.56	0.78	50.00%	0.67	0.22	0.039	S.
Katishool	1.30	0.90	30.77%	0.52	0.16	0.082	I.S.
Daurbalyata	1.80	1.00	44.44%	0.79	0.25	0.039	S.
Kshudavaishmya	1.67	1.00	40.00%	0.52	0.21	0.082	I.S.
Nidra vaishymya	1.50	1.00	33.33%	0.55	0.22	0.125	I.S.
Shwet srava	1.71	1.29	25.00%	0.53	0.20	0.125	I.S.
Yoni kandu	1.17	0.67	42.86%	0.55	0.22	0.125	I.S.

This study shows that there was 50% relief in udarshool and 25% relief was observed in shvet strava which was significant while the result was insignificant on other factors.

Table No.6 Comparative effect of Effects of therapy on different Lakshanas

Lakshanas	Group A	Sig.	Group B	Sig.
Vibandh	85.71%	S.	50.00%	I.S.
Udarshool	50.00%	S.	50.00%	S.
Katishool	38.89%	S.	30.77%	I.S.
Daurbalyata	55.56%	S.	44.44%	S.
Kshudavaishmya	53.85%	S.	40.00%	I.S.
Nidra vaishymya	66.67%	S.	33.33%	I.S.
Shwet srava	66.67%	S.	25.00%	I.S.
Yoni kandu	77.78%	S.	42.86%	I.S.

This table depicts that in Group B 50% relief was observed in Udarshool, 44.44% relief was observed in Daurbalyata which was statistically significant while it was insignificant on other symptoms.

Table No.7. Effect of therapy on the duration of stages of labour in Group A

Group A	Mean B.T.	Mean A.T.	Mean Dif.	Mean %	S.D.	S.E.	t	P
I st stage	7.33 hrs	5.30 hrs	2.04 hrs	27.79%	1.34	0.45	4.56	< 0.001
II nd stage	50.00min	29.11 min	20.89	41.78%	30.31	10.10	2.07	0.036
III rd stage	15.00 min	7.00 min	8.00	53.33%	2.12	0.71	11.31	< 0.001

Above table reveals that the mean duration of Ist stage of labour was 7.33hrs and actual time taken was 5.30 hrs showing highly significant effect. The mean duration of IInd stage in Group A was 50.00min and actual time taken was 29.11 min, which shows statistically significant difference. The mean duration IIIrd stage was 15 min and actual time taken was 7min which shows highly significant effect.

Table no.8 Effect of therapy on the duration of stages of labour in group B

Group B	Mean B.T.	Mean A.T.	Mean Dif.	Mean %	S.D.	S.E.	T	P
I st stage	6.00 hrs	5.43 hrs	0.57 hrs	9.55%	0.64	0.23	2.51	0.020
II nd stage	30 min	24.13 min	5.88 min	19.58%	7.92	2.80	2.10	0.037
III rd stage	15.00 min	10.00 min	5.00 min	33.33%	2.67	0.94	5.29	< 0.001

Above table reveals that the mean duration of Ist stage of labour was 6 .00 hrs and actual time taken was 5.43 hrs showing significant effect.The mean duration IInd stage was 30.00min and actual time taken was 24.13 min, which shows statistically significant difference .The mean duration IIIrd stage was 15 min and actual time taken was 10 min which shows highly significant effect.

Table No. 9. Comparative Effect of therapy on time reduction in different stages of labour

Stages of labour	Group A			Group B		
	Mean%	P value	Sig	Mean%	P value	Sig
Stage I	27.79%	< 0.001	HS	9.55%	0.020	S
Stage II	41.78%	0.036	S	19.58%	0.037	S
Stage III	53.33%	< 0.001	HS	33.33%	< 0.001	HS

Above table reveals that the time reduction in first stage of labor in Group A was 27.79% which was highly significant and in Group B was 9.55% which was found to be significant .The time reduction in second stage of labor in Group A was 41.78% and in Group B was 19.58% which was found to be significant. The time reduction in third stage of labour in Group A was 53.33% and in Group B was 33.33% which was found to be highly significant.

DISCUSSION

DRUG DISCUSSION

Acharya Charaka mentioned use of Anuvrasana Vasti & Pichu in ninth month of Garbhini Paricharya for the normal labour and to get healthy off springs as well as to reduce the postpartum complication.^[10] In this study two formulations were used - Madhura Aaushadha Sidhha Taila & Sukhprasavkar Yoga.

Mode of Action of Drug

- In the context of mechanism of normal labour, Charaka has used a new term "Prasuti Maruta" while going through the classification of Vayu, the word PrasutiMaruta does not appear anywhere. In Atharvaveda also, the word 'Suti Maruta' is available which

is said to be responsible for Sukha Prasava. So, the question arises what is Prasuti Maruta. The classics, while describing the functions of different types of Vayu, have clearly mentioned that the Apana Vayu is responsible for the Nishkramana of Garbha. Since, Apana Vayu controls specifically the process of expulsion of foetus, it can be referred to Prasuti Maruta. It may also be considered as a subtype of Apana Vayu, having a special function of Garbha Nishkramana. To keep this vayu in balanced state, Acharyas have advised the administration of Anuvasan basti & Pichu.

- Vayu is most likely to be vitiated during pregnancy and labour, and it is described that there is no other remedy more beneficial than administration of vasti particularly in affliction of vayu.
- It is very necessary to know how the drug performs their action. Acharya Charaka has mentioned that all drugs do their actions due to their five properties viz. Rasa, Guna, Virya, Vipaka and Karma. Selected 8 Madhura Aushadha possesses Madhura Rasa Pradhanata followed by having Tikta and Kasaya Rasa Pradhanta. Most of them having Sheeta Virya, Most of them possesses Snigdha guna, 50% possesses Guru as well as 50% possess Laghu guna and Madhura vipaka.
- Tila oil as a main ingredient maintains normal vaginal flora. The krimighana action help to prevent Premature Rupture of Membrane (PROM).
- As, the ingredients of Taila are Balya, Brimhahaneeya, Snehana, Garbhaposhaka, and Rasayana properties provides strength to the Manspeshi of Garbhasaya (uterus) and Yoni (vagina).
- Being Shoolhara and Vedana-sthapana property of Shatavari and Ashwagandha¹¹ plays important role in relieving backache (katishool) and lower abdominal pain (udarshool).
- As the Moorchhita Tila Taila also has the properties of Moorchhana Dravyas- Manjistha, Amalaki, Haritaki, Bibhitaka, Haridra, Lodhra, Twaka, Ketaka, Vata, and Mustaka, so Madhura Aushadha siddha Taila has the properties of Vedana-Sthapana, Deepana, Mootrala, Rasayana, Anulomana, Krimighna, Shothahara, .
- Hence when Madhura Aushadha Siddha Taila (a combination of all mentioned drugs) is used on patient in the form of Anuvasana-Vasti and Pichu then that results in the combined effect of all these together. The administration of Madhura Aushadha Siddha Taila Anuvasana-Vasti improves Snigdha property in the mother's body parts like abdomen, flanks, and sacrum and genital organs. It also promotes the natural

functioning of Apana-Vayu and Prasooti marut and helps in Sukha prasava as Apana Vayu plays an important role in the act of contraction and relaxation of uterus.

- Sukh prasavkar yoga coordinated the uterine contractions properly so reduced the duration of labour but was not much effective on preparing the birth canal.

Probable Mode of Action of drug according to Modern Science

Uterine muscles are involuntary muscles. The act of contraction and relaxation of uterus occurs in particular period only. In pregnant uterus, these actions can be seen at the time of labour.

- PROM is caused by infection and cause early onset of labor.^[13] The Krimighna property of of Madhura-Aushadha Siddha Taila prevented the premature rupture membrane (PROM), while on the other hand proper uterine contractions caused ROM at labour in time which itself helped to decrease the duration of labour.
- Colonic irrigation reduces the chance of infections and allow labour in time without premature rupture of membranes as infection is main cause of PROM. Pichu with Madhur Aushadh Siddh Tail maintains the natural vaginal flora prevents from infections the use of Pichu also helps in cervical ripening by altering the cervical matrix releasing prostaglandins which facilitates normal labor.
- The wholesome effect of Vasti act on nervous system which help to release natural oxytocin from posterior pituitary as well as help in increasing the oxytocin receptors.
- In Sukh prasavkar Yoga all drugs are Madhur and Sheet Virya .It acts as vatshamak and maintain the normal uterine activity as Madhu and Ghrita are used here as Anupaan here this increases the absorption of drugs. It help in Sukhaprasav (normal labour) by increasing the force of contraction probably by increasing the Oxytocin receptors at the time of labour as Ghrita used as vehicle imparts more permeability to membranes. Ghrita used here increases the potential of the drug and also help to release prostaglandins which helps in ripening and softening of cervix.
- Prostaglandins are local hormone and function through G protein coupled receptor these hormones combine with the specific receptor on the plasma membrane. The HR complex activates the regularity component of the protein designated as protein is a peripheral protein. The G protein is a peripheral membrane protein which carries the excitation signal to adenylate cyclase and it embedded in the plasma membrane. Prostaglandin helps in the process of parturition also effect on inflammation and

immunity.^[14] Thus helps in easy labour as prostaglandins facilitates labour here this drug increases the permeability of membranes and makes cervix soft. All the components of drug also improve the neurological functions which may help to release oxytocin from pituitary so overall contributes in Sukh Prasav.

Effect of therapy on the duration of stages of labour

In **Group A** the mean duration of time in all the stage of labour was reduced which shows highly significant effect.

In **Group B** the mean duration of Ist and II stage of labour was 6 .00 hrs and 30 min respectively and actual time taken was 5.43 hrs and 24.13min , which shows statistically significant difference .The mean duration IIIrd stage was 15 min and actual time taken was 10min which shows highly significant effect.

In Group A Vasti by its nature caused Vataanuloman and promoted Prasooti Marut to expel the foetus in time without undue prolongation, as the birth canal also become soft and smooth due to Vasti and Pichu helped in easily and timely expulsion of foetus.

In group B only Sukh prasavkar Yoga was given which help to coordinate uterine contractions well, but was insufficient to make birth canal soft and smooth so more time was taken as resistance was felt by fibrous tissues in the passage, therefore due to rigidity perineal tear and incidence of episiotomies was more as well as mean duration of labour was more than in Group A.

Effect on Mode of delivery in Patients

In Group A 60% patient delivered normally without episiotmy and / or without any tear, 20% delivered normally with episiotmy, 10% had normal vaginal delivery with perineal tear and 10% patient undergone LSCS.

Whereas 60% patients of Group B delivered normally without episiotomy/perineal tear, 10% delivered normally with episiotomy, 10% delivered with perineal tear and 20% patient undergone LSCS.

In Group A Vasti by its nature caused Vataanuloman. Only one patient undergone LSCS it was most probably due to her anxiousness about the fear of labour pains and outcome of labor. The patient had history of leaking before the onset of labor, the pateint was also given less no of Vasti as she was quite irregular. Only two primi patient had 1 degree tear

that might be due to big baby and lack of support but as delivery was normal it was due to the effect of Vasti and Pichu given to patient. One patient in this group was given a small episiotomy, which was also primi, and baby weight was quite good .

In Group B two patients undergone L.S.C.S in one patient the cause was decreased fetal movements, and in other it was obstructed labour which may be due to rigidity in birth canal or some anatomical abnormality it might be because no Vasti & Pichu was given in this group which causes Mriduta locally as well as overall laxity. One patient had 1 degree tear and one was given episiotomy.

Grade of labor

In Group A 40% patient achieved Grade 0, 40% achieved Grade 1, 10% patient achieved Grade 2, 10% patient achieved Grade 3, i.e. undergone L.S.C.S. In Group B 20% patient achieved Grade 0, 40% achieved Grade 1, 20% patient achieved Grade 2, 20% patient achieved Grade 3, i.e. undergone L.S.C.S.

Grading was done on the basis of pre planned history sheet that depended on the partogram, as in group A time taken for labour was less so patients were delivered before or between action line. In Group B in some patient labour was induce and undergone LSCS so they were under Grade 3.

Combined effect of Vasti and Pichu was helpful to reduce the time taken in delivery by causing uterine contractions in proper manner and also helped in softening and relaxing the ligaments and fibrous tissues to prevent tear or episiotomies. While in group B only the use of Sukhprasavkar Yoga could not have so much effect on relaxing and stretching of the perineum.

CONCLUSION

There was marked effect on LSCS in Group A in which anuvasanbasti with pichu was given than GROUP B in which only sukhprasavkar yoga was given.

- There was marked reduction in duration of stages of labour in Group A than Group B
- Thus it can be concluded that Group-A was more effective than Group-B in various factors such as Rupture of membrane, Nature of onset of labour Duration of labour, Perineal tear, Vibandha, Udarshoola, Katishoola, Dourbalyata, Kshudha-vaishmya, Nidra-vaishmya, and P.P.H.,

- No side effect of Madhura aushadha sidhha Taila and sukh prasavkar yog was proved in present study. So the drug was safe.

REFERENCES

1. Kashinath Pandey And Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –I Shareer Sthan 6/24, Reprint 2009 Varanasi Chaukambha Bharti Academy, 906.
2. D.C Dutta, Text Book Of Obstetrics Including Perinatology And Contraception Edited By Hiralal Konar 7th Edition Reprint 2011 New Central Book Agency London, 131.
3. Pandit Hemraj Sharma, Kashyap samhita khil sthan 11/5, Varanasi, Chaukambha prakashan Reprint, 2009: 304.
4. Kashinath Pandey And Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –II Chikitsa Sthan 28/11, Reprint 2009 Varanasi Chaukambha Bharti Academy, 778
7. Dr. Ravi Dutta Tripathi Ashtang sangraha Saroj Hindi Commentary Sutrasthan 1/48 Reprint 2001 Varanasi, Chaukambha Prakashan, 20.
5. Prof. Siddhi Nandan Mishra Bhaisajya Ratnavali by Kaviraj Govindnath Sen Siddiprada hindi commentary Garbhinirogadhikar 68/57 Reprint 2011 Varanasi Chaukambha Surbharti Prakashan, 1057.
6. Kashinath Pandey And Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –I Viman Sthan 8/131, Reprint Varanasi Chaukambha Bharti Academy, 2009; 783.
8. Prof. Siddhi Nandan Mishra Bhaisajya Ratnavali by Kaviraj Govindnath Sen Siddiprada hindi commentary Jwarrogadhikar 5/1268 Reprint Varanasi Chaukambha Surbharti Prakashan 2011; 206.
9. Prof. Siddhi Nandan Mishra Bhaisajya Ratnavali by Kaviraj Govindnath Sen Siddiprada hindi commentary Garbhinirogadhikar 68/57 Reprint 2011 Varanasi Chaukambha Surbharti Prakashan, 2011; 1057.
10. Kashinath Pandey And Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –I Shareer Sthan 8/32, Reprint Varanasi Chaukambha Bharti Academy, 2009; 939.
11. Database, II.

12. Kashinath Pandey And Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –I Shareer Sthan 8/32, Reprint Varanasi Chaukambha Bharti Academy, 2009; 939.
13. Fernandio Arias Practical Guide To High Risk Pregnanacy And Deleivery Edited By Shirish N Daftary Amarnath G Bhide Chapter 9 Premature Rupture Of Membranes Third Edition Reprint Elseivier A Division Of Reed Elseivier India Private Limited, 2011; 241.
14. www.freepatentonline Accessed On 16.02.2010