



Case Study

EFFECT OF *BALA SIDDHA TAILA MATRA BASTI* AND *YONI PICHU* IN ACHIEVING *SUKHPRASAVA*: A CASE STUDY

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ABSTRACT

Background: A primigravida female patient of age 22 years came to NIA *Prasuti* ward on date 25th August 2019 with chief complaint of Amenorrhea since 9 months and labor pain since morning with no history of leaking and bleeding per vaginal.

Methodology: The patient first visited NIA OPD on 2nd April 2019 for routine Antenatal check up with 5th months of pregnancy. Thereafter she was regularly visiting NIA *Prasutitantra* OPD for her routine ANC check up and was given routine Ayurvedic anatanatal medications like *Mukta Shukti Bhasma* and *Shatawari churna* with milk, *Punarnawa Mandoor* with buttermilk. She also followed all prenatal advice given to her time to time. The patient had not reported any complication related to pregnancy, or medical problems and side-effects of medications during her course of pregnancy. Patient had given *Bala siddha Taila Matra Basti* from 37 weeks of gestation twice a week up to the delivery and *Bala siddha Taila Yoni Pichu* during her active phase of labor up to full dilatation of cervix.

Result: A full term normal delivery with right medio-lateral episiotomy with vertex presentation delivered an alive healthy male child of weight 2.7kg on 25th August 2019 at 2:00pm.

KEYWORDS: *Sukhprasava*, *Prasuti Maruta*, *Apan Vayu*, *Matra Basti*, *Yoni Pichu*, *Masanumasik Garbhini Paricharya*.

INTRODUCTION

Giving birth is life changing event for a mother that will leave impression for the rest of life. Every couple has a positive experience on delivery of their baby. But the event of delivery is associated with many complications. In olden days due to the lifestyle and dietary habits majority of the women use to undergo normal vaginal delivery, except a few. Due to modernization, sedentary life style and improper dietary habits are causing many prenatal, natal and postnatal complications like preterm labor, intervention deliveries, post term labor, obstructed labor, prolonged labor, postpartum hemorrhage etc. To prevent all these nightmares, *Ayurvedic Science* has a nine month pregnancy regimen called *Masanumasika Garbhini Paricharya* which incorporates lifestyle modification, diet, therapies and medications which a *Garbhini* should follow to avoid any bad outcomes of pregnancy and labor. In 9th month of *Garbhini Paricharya*, *Acharya Charak* has advised *Madhuraushadha siddha taila Anuvasana Basti* and *Yoni Pichu* to pregnant women^[1]. In present Case Study effect of *Bala siddha Taila Yoni Pichu* and

Matra Basti was adopted on the lines of *Acharya Charaka* and observed its effect on the outcomes of labor.

Need of Study

As cesarean section deliveries and other intervention deliveries are rising day by day, an effective intervention is necessary to prevent this unnatural act. There are many risks of cesarean sections like postpartum hemorrhage, wound infection, anesthesia reaction, increased risk in future pregnancy, fetal distress etc. So the rate of c- section should be decreased.

Labor is a natural physiological process which should be completed within fixed time interval, for primigravida it should be 12-14 hrs and in multipara it should be 6-8 hrs. If this limit crosses may leads to prolonged labor which causes many complications related to mother and fetus. So an intervention should be adopted to prevent any unnecessary act.

Uses of Oxytocic drugs are increasing rapidly in labor process which may develops distress and

harmful effect on mother and fetus. To reduce such medications during course of labor *Ayurvedic* regimen during ninth month of gestation is well accepted.

Aim: To study the effect of *Bala siddha Taila Matra Basti* and *Bala siddha Taila Yoni Pichu* in Achieving *Sukhaprasava*.

Objectives

1. To observe the duration of stages of labor.
2. To reduce the complications of labor.

Materials and Methods

Selection of patient: Patient was selected from NIA OPD, Jaipur after obtaining voluntary informed consent incorporated into the study.

Case Report

Chief complaints

- Amenorrhea since 9 months
- Labor pains since early morning (3 a.m.)
- No History of leaking and bleeding per vaginal

History of Present Illness

A primigravida housewife female patient of age 22 years came to NIA *Prasuti* ward on date 25th August 2019. As per patient, she was asymptomatic before 9 months. Then she has developed amenorrhea of one and half month and done Urine Pregnancy Test by herself and found positive. Then at 5th month of gestation she first visited NIA OPD for ANC work up. Thereafter she was regularly visiting NIA *Prasutitantra* OPD for her routine ANC check up and was given routine *Ayurvedic* medications. From 37 weeks of gestation onwards she was given *Bala siddha Taila Matra Basti* twice a week up to the development of true labor pain. She came to NIA IPD with labor pain at 6:00 a.m. on 25th August 2019 with no history of leaking and bleeding per vaginal. So she was admitted to *Prasuti* ward for observation of vitals, uterine contraction, fetal conditions and further management of labor.

Personal history

- Appetite- Normal
- Sleep- Sound
- Bowel- Satisfactory, regular, once daily
- Micturition- Clear
- Addiction- No any
- Allergic history- No any history found
- Diet- Mixed

Past Medical History: Not significant

Past Surgical History: Not significant

Family History: Not significant

Menstrual History

- Last menstrual period (LMP) – 16-11-2018

- Expected date of delivery (EDD) – 23-08-2019
- Period of gestation (POG) – 40 weeks + 2 days (on 25.08.19)
- Past menstrual history – 4 to 5 days of cycle with 28 to 30 days interval, cycle was regular with mild pain and clots, approximate 2 pads soaked in a day.

Obstetric History

- O/H- G1 P0 L0 A0
- G1- Present pregnancy
- Married life: 3years
- Active Married life: 3years
- Patient conceived naturally

On General Examination

- **General Condition:** fair
- **Blood Pressure:** 120/70 mm of Hg
- **Pulse Rate:** 84/ min
- **Temperature :** 97.9°F
- **Height :** 5'
- **Weight :** 54 kg
- **Pallor :** present
- **Icterus:** Absent
- **Pedal Edema:** Absent
- **Lymph nodes:** No any lymphadenopathy present
- **Tongue:** Uncoated

On Systemic Examination

Cardiovascular System, Digestive System, Respiratory System, Central Nervous System appears normal.

Obstetrical Examination

Breast Examination

- Size of breast appears larger, soft
- Nipples became larger, erectile and deeply pigmented
- Colostrum could be squeezed out

Per Abdominal Examination

Inspection - Striae gravidarum present

Palpation - Lie: longitudinal

Fundal height: uterus term size

Presentation: cephalic

Head: fixed

Auscultation - FHS present, Regular, 144 beat per minute

Contractions in 10minutes (at 3:30am)

- **Number/frequency** – 2
- **Duration** – 1-40sec
2- 30sec
- **Intensity** – good
- **Interval** – regular

Contractions were progressively increases with time.

Per Vaginal findings: (at 3:30am) at the time of admission into labor room.

- **Inspection :** Vulva and vagina seems healthy
- **Pelvis :** adequate
- **Dilatation :** 2-3cm
- **Effacement :** 20-30%
- **Station :** -3
- **Consistency :** soft
- **Position :** midline
- **BOM :** present
- **Show :** present

Antenatal Investigations

- Blood Group : B positive
- Hemoglobin (Hb): 10.6 gm% (on 27/3/19), 11.1 gm% (on 15/5/19), 11.2 gm% (on 14/8/19)
- Complete Blood Count (CBC): Within Normal Limits
- HBsAg test: Non Reactive
- H.I.V. screening: Negative
- VDRL test: Non Reactive
- Liver Function test (L.F.T.): Within Normal Limits
- Renal Function Test (R.F.T.): Within Normal Limits
- Pro thrombin time (P.T.): 11.6 seconds
- Random Blood Sugar (RBS): 86 mg/dl
- Urine: Routine Examination- Ph 7.1, Specific Gravity-1.025, Sugar-nil, Protein-nil,

Microscopic Examination- Epithelial cells 2-3/ hpf, WBC 1-2/ hpf

USG Scan

- **04/03/2019** – Single Live Intrauterine Pregnancy of Gestational age 15 weeks 5 days, Fetal Heart Rate -133 beat per minute, Liquor - adequate, Placenta - Posterior, Upper and Grade 1st, EDD – 21/08/2019
- **16/06/2019** – Single Live Intrauterine Pregnancy of Gestational age 30-31 weeks, Fetal Heart Rate – 138 beat per minute, Liquor – adequate, Placenta – Posterior and Upper, Estimated Fetal Weight – 1590gm.
- **02/08/2019** – Single Live Intrauterine Pregnancy of Gestational age 36-37 weeks, Fetal Heart Rate – 144 beat per minute, Liquor – adequate, Placenta – Posterior, Upper and Grade 3rd, Estimated Fetal Weight – 2410gm.

Antenatal advice

- Patient was advised to continue her usual activities but avoid excessive and strenuous work.
- Patient advised to take proper sleep (8 hours at night and 2 hours at noon)
- Breast engorgement may cause discomfort during late pregnancy so patient advised well fitting brassiere.
- Diet would be light, nutritious, easily digestible and rich in protein, minerals and vitamins like green leafy vegetables, fruits, milk, egg etc.
- Avoid eating junk food and preserved eatables.
- Patient was advised for check up twice in a month up to 8th month and after that weekly up to term.
- Patient was complied with some *Ayurvedic* medication – *Mukta Shukti Bhasma* (500mg BD) and *Shatawari churna* (3gm BD with milk), *Punarnawa Mandoor* (2 Tab BD with buttermilk).
- Patient was instructed to report to hospital even at early dates if some untoward symptoms arise such as intense headache, disturbed sleep with restlessness, visual disturbance, undue swelling of face, feet or fingers, presence of any unusual vaginal discharge, bleeding, diminished fetal movement or any unexpected event.

Management prior to the onset of labor

- *Matra basti* with *bala oil* was planned from 37wks of gestation and weekly twice which was given prior to the onset of labor.

Treatment Schedule

Date	Period of Gestation	Amount of oil in <i>Matra Basti</i>
3/8/2019	37 weeks 1 day	60ml
7/8//2019	37 weeks 5 days	60ml
10/8/2019	38 week 1 day	60ml
13/8/2019	38 weeks 4 days	60ml
16/8/2019	39 weeks	60ml
21/8/2019	39 weeks 5 days	60ml

Management after onset of labor

- *Bala sidh Taila Yoni Pichu* was applied in vaginal canal after starting of active phase of labor with 3hrs gap.
- Watch for vitals, contractions, FHS.
- Maintain proper hydration.

Treatment Schedule

Time	Blood Pressure (mmHg)	Pulse Rate (per min.)	Temperature (°F)	Fetal Heart Rate (bpm)	Contractions	Per Vaginal findings	Others
3:30am	120/70	84	97.9	144	2 – 40 sec 30 sec	2-3cm dilatation, 20-30% effaced, Membrane present, head at -3 station	
6:00am	120/70	82	97.6	142	2 – 35 sec 30 sec	4cm dilatation, 30-40% effaced, Membrane present, head at -2 station	Bala Oil Yoni Pichu applied
9:00am	110/70	84	98.1	146	3 – 30 sec 25 sec 30 sec	5-6cm dilatation, 40-50% effaced, Membrane present, head at -1 station	Bala Oil Yoni Pichu applied
12:00pm	110/70	78	98.0	138	3 – 35 sec 30 sec 45 sec	6-7cm dilatation, 60-70% effaced, membrane present, head at 0 station	Bala Oil Yoni Pichu applied
1:00pm	120/80	84	98.0	142	4 – 40 sec 30 sec 35 sec 20 sec	Cervix-Fully dilated, Fully effaced, BOM-absent, Liquor clear	

Observations and Result

Patient came to hospital with labor pain on 40 weeks and 2 days of gestation. Contractions came with regular interval, along with increased frequency, duration and intensity. Per vaginal findings also showed that show present along with the formation of Bag of membrane. After observing P/V findings and contractions we could be said that pains were true. So, no post dated complications observed.

During per vaginal examination adequate pelvis was found. Effacement & dilatation of cervix was increased gradually. Bishop's Score at 3:30am was 4, at 6:00am was 7, at 9:00am was 9, at 12:00pm was 11 and at 1:00pm was 13. So, better cervical conditions observed.

Pain threshold during labor was moderate. Good bear down efforts (*Pravahana*) applied by patient. No signs of patient fatigue seen.

First stage of labor in this primigravida patient was 7 hours and second stage also reduced to 1 hour. No any delay in labor observed.

A Full term normal vaginal delivery with right medio-lateral episiotomy as vertex presentation, delivered an alive healthy male child of weight 2.7kg on 25th August 2019 at 2:00pm.

Baby was found active and cried well at the time of birth. APGAR score at 1st min was 7, at 5th min was 9 and at 10th min was 10.

Placenta delivered completely after 15mins with all its membranes and cotyledons intact. Uterus contracted well, no cervical tear seen and no post partum hemorrhage (PPH) found.

Patient was in under observation for 1 hour but no any complications seen.

Rationality of selection of trial drug

Acharya Charak mentioned *Taila yonivishodhanam*^[2] and *Acharya Sushruta* mentioned it as *Garbhashayashodhak*^[3] and both of *Acharyas* mentioned *Tila Taila* as best *Taila* so *Tila Taila* was used for the formulation of *Bala* oil for *Matra Basti* and *Yoni Pichu* in this study. *Tila* (*Sesamum indicum* Linn.) is *Madhura rasa*, *Madhura vipaka*, *Snigdha guna*^[4]. It is *Sukshma* and *Vyavayi* in property.

Acharya Charaka described *Bala* under *Madhura skandha* in *Viman sthana* and *Prajasthapana mahakashaya* and *Brmhaniya mahakashaya* in *Sutra sthana*. *Bala* is considered as *Madhura rasa*, *Madhura vipaka*, *Snigdha guna*, *Balya* in properties. *Bala* is also considered as a rejuvenative (*Rasayana*)^[5]. *Acharya Susruta* also have the same view regarding the properties of *Bala*. He also described it among

Madhura dravya^[6]. On Pharmacological screening, *Bala* having anti inflammatory, analgesic, antipyretic, antioxidant, neuroprotective, antiulcerogenic, CNS depressant and laxative properties.^[7]

DISCUSSION

Pregnant women having distension of uterus which causes obstruction to pathway of *Prasruti Maruta (Apanvayu)* resulting in constipation, backache, prolonged labor, non - progress of labor, etc. Application of *Matra basti* and *Yoni Pichu* medicated with *Madhura aushadh sidh taila* in 9th month makes *Apanavayu* acts in right pathway and women can deliver naturally without any complications.

As *Vata* is main responsible *Dosha* for pain and *Bala* having better functioning on *Apanvayu* and also having *Balya* and *Ojovardhaka* properties, so it works on pain threshold capacity^[8] leads to good bear down efforts and reduces the incidence of after pains.

Bala sidha oil being *Guru, Snigdha, Balya* and *Brimhana* in properties, it helps in increasing tone and contractility of uterine muscle when applied through vaginal and anal route^[9]. This leads to good and effective uterine contractions during labor and also leads to proper contraction of uterus after labor preventing post partum complications.

Pichu also helps in cervical ripening by altering the cervical matrix and helps in releasing prostaglandins which facilitates normal labor.

Bala is considered as *Prajasthapana* and *Brmhaniya* so it also influences APGAR score and weight of new born positively.

CONCLUSION

Prakrita or *Sukhprasava* is called when labor is natural and spontaneous in onset, fetus expelled out through vagina with less effort, less intensity of pain to mother and terminate without any post partum complications. Hence to get the fruitful outcome of nature, *Garbhini paricharya* has advised from conception till delivery, which includes

administration of *Matra basti* and use of *Yoni Pichu* in ninth month in month wise dietary regimen. This Ayurvedic regimen improves the physical and psychological condition of pregnant women and makes her body suitable for *Sukhprasava*. Every pregnant woman should follow *Masanumasik Garbhini Paricharya* to gain healthy baby from a healthy mother.

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