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EFFECT OF VASTI ON LABOUR



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SUMMARY AND CONCLUSION

Labour is the process involving pleasure and pain together. Pleasure, because a new member of the family is added and the pain felt by the women during the process of expulsion of the product of conception i.e. the foetus, after delivery termed as neonate.

Presently available Ayurvedic classics written thousands and thousands of years back have dealt with almost every aspects of labour in great detail. The expulsion of foetus is by attainment of proper function of Apana Vayu; because of its specific and most important function it is termed as Prasutimaruta. During pregnancy

due to obstruction to the Srotasas of Pakwashaya the chances of aggravation of Apana Vayu are more. This can vitiated and influence the functional aspect of labour i.e. uterine contraction, cervical dilatation, perineal relaxation and secondary forces of labour i.e., the action of accessory muscles etc.

Ayurveda philosophers always preach for prevention rather than cure. Hence Vasti is prescribed for a pregnant women to prevent the vitiation of Apana Vayu. Hypothetically, if Apana Vayu functions very properly i.e. if co-ordinated myometrial contractions associated with good dilatation of cervix as well as proper function of secondary forces occur, the labour can be less painful and the duration can be shortened. Keeping this hypothesis in mind, the present work has been done to evaluate the effect of Vasti on labour.

Since the mechanism of labour, the feeling of pain and other things are quite different in human being than other animals, hence clinical study has only been done.

Sushruta and Vagbhat have prescribed the use of Vasti in eight and ninth month, while Charaka has advised

in ninth month. In clinical practice giving Vasti during that period becomes a bit difficult to the patients as well as to the staffs who are concerned about this matter. Therefore as a trial my present study was launched for evaluating the effect of Vasti using it at the onset of labour.

Four herbal drugs prescribed in Sushruta Samhita i.e., whole plant of Atibala, Bala, stem bark of Badara, fruits of Shatapushpa, were selected for decoction to be used for Vasti. For preparing the oil for Vasti, the authors have prescribed that the drugs of Madhura group are to be used. 10 drugs as rhizome of Ashwagandha, whole plant of Atibala and Bala, fruits of Gokshuru, Madhuyashti, whole plant of Mashaparni, Mudgaparni, and Punarnava, bulbous root of Shatavari, and Vifari having Madhura Rasa and Vipaka were selected for preparing the oil. Though few authors have described Katu Rasa and Vipaka for Punarnava and Shatapushpa but then few authors consider these also of Madhura Rasa and Vipaka which was accepted in present work. The decoction was prepared daily and oil was prepared in Ayurvedic Pharmacy B.H.U. by standard procedure.

Group A was given Vasti of 240 ml decoction + 10 ml oil and no treatment was given to control group.

The cases presented in this study were only those who were admitted in hospital in very early stage of labour having '0' Bishop's score. The progress of labour was assessed on the basis of cervical dilatation, effacement, station of head etc. The Bishop's score were assessed at hourly intervals. The time taken in completion of 1st, 2nd and 3rd stages of labour were recorded. The pain threshold during labour, and efforts to bear down were also assessed. The amount of blood lost in third stage and within first twenty four hours and incidence of after pains was also recorded. For the purpose of statistical analysis their parameters i.e., pain threshold, bearing down efforts, loss of blood and after pains were given one to four scores.

Since the course of labour differ in primi and multigravidae, hence the progress of labour of both these categories of case was recorded separately.

Total duration of 1st stage was significantly shorter in group A than group B ($p < 0.001$). Similarly like 1st stage, 2nd ($p < 0.01$) and 3rd ($p < 0.001$) stages and all the stages also shorter in group A than group B.

The amount of blood lost immediately following delivery and within twenty four hours in primi and multigravidae in group A was significantly less than group B ($p < 0.05$, $p < 0.05$).

The feeling of labour pain was significantly less in group A than group B ($p < 0.01$). Bearing down efforts were also better in group A ($p < 0.001$).

Use of Vasti did not influence the APGAR score of neonates.

Taking all the parameters together i.e. duration of labour, pain threshold, bearing down efforts, post partum bleeding etc. both primi and multigravidae, it is noteworthy that labour was shorter in cases of group A, the women of this group suffered for less labour pain, exerted very good bearing down efforts, lost less blood and had less after pains ($p < 0.01$).

While analysing the mode of action it can be presumed that probably due to normalisation of Apana Vayu by the use of Vasti, better co-ordinated myometrial contraction associated with good cervical dilatation took place in group A.

The Vasti probably might have acted through autonomic nervous system; influence on prostaglandin also cannot be ruled out.

The drugs of Vasti act by Virtue of their Rasa, Vipaka and Prabhava.

Proceeding study confirms the role of Vasti for having less painful and early delivery.

CONCLUSION

1. In Ayurvedic classics antenatal care especially preventive aspects have been dealt with in great detail.
2. In studying the role of Vasti in labour, it is observed that:

(a) Vasti considerably reduces or shorten the duration of labour, reduces the amount of blood lost during post partum period, increases pain threshold and thus women co-operate in better bearing down efforts.

- (b) The group of women receiving Vasti have shorter duration of labour in comparison to no treatment group.
3. The Vasti normalise the Apana Vayu, Due to better function of Apana Vayu, there occurs good and co-ordinated myometrial contraction associated with good cervical dilatation.
 4. The pain threshold of the women also increases because of normalisation of Vata. Increased pain threshold helps in better co-operation by the women resulting in to good bearing down efforts.
 5. The Vasti act by Virtue of Rasa, Vipaka and Prabhava of the drugs.
 6. Vasti seems to be acting by influencing the autonomic nervous system, however, influence of prostaglandin and psychology cannot be ruled out.
 7. Vasti is good, less expensive easily available and easy to administer for less painful or easy labour.
