

## INDUCTION AND AUGMENTATION OF LABOUR IN AYURVEDA – A REVIEW

Neha H.Phirke<sup>1\*</sup>, Ketan G.Jangale<sup>2</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Professor, Department of Prasutitantra Avum Streeroga, Yashwantrao Chavan Ayurvedic Medical College & Hospital, Chh. Sambhajinagar, Maharashtra, India

Corresponding Author: [sonalfirke99@gmail.com](mailto:sonalfirke99@gmail.com)<https://doi.org/10.46607/iamj3213012025>

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## ABSTRACT

Childbirth is a natural process. Early delivery without complications and the need for a Cesarean section is the dream of every pregnant woman and her family. But sometimes, labour pains may not progress well and cause impatience among women due to delayed labour. Oxytocin and prostaglandins are used in practice for induction of labour (IOL), but it may cause uterine overstimulation, and hence, in that case, the C-section is prioritized. *Acharya Sushruta, Vagabhatt, Yogaratnakar, and Bhavaprakasha* have prescribed certain drugs for the treatment of “delay in labour”. Vitiated *Vayu* is said to be a cause for delay in labour, and drugs prescribed work effectively on *Vayu*.

**Keywords:** *Ayurveda, Prasuti-tantra, Streerog, Prasava.*

## INTRODUCTION

• *Prasava* –

It means ‘to get rid of/ release of/ free of’ *Garbha*.<sup>(1)</sup>

Series of events taking place in the genital tract to expel viable products of conception out of the womb through the vagina into the outer world is labour.<sup>(2)</sup>

According to Ayurveda, normal labour should have the following criteria: Spontaneous in onset and at the

term (*Swabhava*), with vertex presentation (*Avaakshira*), without undue prolongation (*Swabhavika Kaal*), natural termination with minimal aids (*Prakritaavastha*) and without having any complications affecting the health of the mother and the baby (*Upadravarahita*).<sup>(3)</sup> *Prasava* is a process in which a woman expels a full-term fetus.

- *Prasava kala* –

According to *Charak* and *Kashyap*, normal *prasava kala* is from the 1<sup>st</sup> day of the 9<sup>th</sup> month to the 10<sup>th</sup> month. <sup>(4)</sup> According to *Sushrut*, *Ashtanga Sangraha*, *Ashtanga Hridaya*, *Aacharya Bhavamishra*, and *Yogaraj* *prasava kala* is from 1<sup>st</sup> day of the 9<sup>th</sup> month to the 12<sup>th</sup> month. According to *Chakrapani*, *Prasava Kala* is on the 9<sup>th</sup> and 10<sup>th</sup> month. As per *Acharya Kashyap*, *Prasava Kal* is from 9 months onwards. *Acharya Harita* described *prasava kala* in the 10<sup>th</sup> and 11<sup>th</sup> months. According to modern medicine, from the date of LMP, it is at 280 days, and from the date of conception, *prasava kala* is at 267 days.

- Cause of *Prasava* <sup>(5)</sup> –

*Aacharya Sushruta* mentioned that regarding the onset of labour, some fruit gets detached from its stalk after attaining maturity at the right time and descend naturally. In the same way, *Garbha*, after reaching maturity at an appropriate time, gets detached from its *Naadi Nibandha* and proceeds for labour due to its *Swabhava*. The causes of *Prasava* include *Nadinibandha mukti*, *Swabhava*, *Garbhavasa vairagya*, *Garbha Sampoornata*, and *Kala Prakarsha*. This leads to the descent of a full-term fetus, induction of labour and expected vaginal delivery.

1. *Nadinibandha mukti* –

*Garbha* gets separated from its “*Nadi nibandha*” and proceeds to labour. ‘*Naadi*’ means “tubular organ or stalk”, and ‘*Mukta*’ means “to get free”. It can be said that the detachment of *Naadi* from *Nibandha* is one cause for initiating labour. As ripened fruit detaches from its stalk and falls, *Garbha* gets *Mukta* from its *Naadinibandha*.

2. *Swabhava* –

It occurs naturally. *Swa* means self, and *bhava* implies nature.

3. *Garbhavasa vairagya* –

*Vairagya* means to dislike. The fetus attains complete maturity, and then there is an aversion to its intrauterine stay. When the fetus matures adequately, it activates endocrine activity involving the hypothalamus and pituitary adrenals. Before the onset of labour, the fetal pituitary gets stimulated, and due to this, there is

increased release of ACTH, which in turn stimulates fetal adrenal, increases cortisol secretion and accelerates the production of prostaglandins and oestrogen from the placenta. *Nadinibandha mukti* causes anoxia in the fetus. This initiates labour.

4. *Garbha sampoornata* –

When *Garbha* becomes fully mature, it is prepared to deliver due to uterus stretching. The fetomaternal endocrine cascade occurs due to a fully matured fetus stretching of the uterus. Uterine enlargement due to the stretching effect on the myometrium of a grown fetus can help in the onset of labour. Mechanical stretching due to *Gatra Sampoornata* can produce prostaglandin synthesis and initiate labour as the myometrium site is rich in prostaglandin; this is called optimal distension theory. <sup>(3)</sup>

5. *Kala Prakarsha* –

After the *Prasava kaala* ends, the *Garbha* is ready to be delivered. As conjugation becomes free, estrogen inactivates and sensitizes the myometrium for oxytocin's action and helps stimulate myometrial. The uterus attains maximum distension and starts to contract.

- Role of *vata* in *Prasava* – <sup>(6)</sup>

*Garbha-nishkramana* is mainly a function of *Apaana vayu*. It is called as “*Prasuta maruta*” by *Aacharya Charaka*. *Prasuta maruta* helps in *Sukha Prasava* with association with *vyana vayu*.

*Parivrutya*, i.e. internal rotation of fetus, occurs due to *vyana vayu*.

- *Prasava avastha* –

1. *Charaka* - <sup>(7)</sup>

*Aacharya Charak* has not mentioned any *Prasava Avastha*.

2. *Sushruta* - <sup>(8)</sup>

*Aacharya Sushruta* has mentioned three *Avast*: 1) *Prajayini*, 2) *Upasthita prasava*, and 3) *Prajanayishmana*.

3. *Ashtanga Hridaya* - <sup>(9)</sup>

*Ashtanga Hridaya* has explained two *Avasthas*: *Aadhya prasava* and *Upasthita prasava*

4. *Ashtanaga Sangraha* - <sup>(10)</sup>

Mentioned 2 *Avasthas*: *Asanna Prasava* and *Parivartita garbha*

Various stages of labour described above play an essential role in expected child delivery. Early or delayed occurrence in any of the stages may lead to abnormal labour or *Prasava vyapada*, which causes complications in child delivery.

#### MATERIAL

- Effect of *Aavi* on *Prasava* <sup>(11)</sup>

The word *Grahi* means to hold, and *Shoola* means pain. Obstructed or grabbing-like pain called *Aavi* is caused in labour. *Aavi* provides power for the expulsion of the fetus. *Aavi* is a normal uterine contraction, and *Graahi* is contractions of abdomen. To deliver a baby, *Aavi* is necessary. Factors for complicated full-term delivery of a fetus are cervical dilation and uterine contractions, cervix to the vaginal passage, and position of the fetus. *Avi* can be mild, moderate, or intense, depending on its intensity. It is gentle at the onset of labour, then increases with duration, frequency and intensity as stages of labour proceed. Delays in labour cause fetal and maternal distress and complicates the labour.

- *Garbhasanga*

*Garbhasanga* is a cessation or delay in the progress of labour. *Garbhasanga* is related to the prolonged second stage of labour; this condition leads to full dilatation of the cervix but no or inadequate descent of the vertex. According to modern science, *Garbhasanga* is observed in *Prajanayishyaman awastha*, which can be correlated with the second and third stages of labour. *Sushruta* and *Vagabhat* described *Dhoop Chikitsa as being* in this condition (*Darbhangā*). Ayurveda therapies act as stimulators and local action of therapies induces the progress of labour or helps in the augmentation of labour.

- Treatment of delayed labour <sup>(12)</sup>

1. *Yoni Dhoopan* –

Fumigation of *Pinditaka* (*Randia Dumetorum*) during delayed labour should be done.

2. *Yoni lepa* –

*Kalka* of pestelled root of *Potaki* (*Basella Rubra*) with oil of *tila* (sesame) inside the vaginal canal brings easy delivery.

3. Amulet of drugs or ointment over other body parts –

- i. The roots of *Hiranyapushpi* (*Asparagus Adcendons*) should be tied over the arms or legs.
  - ii. The roots of *Pratyakapushpa* (*Achyranthes Aspera*), *Paribhadra* (*Erythrina Indica*), or *Kakajangha* (*Peristrophe bicalycuta*) should be tied at the waist.
  - iii. Ointment / *Kalka* of *Krushna* and *Vacha* (*Acorus Calamus*) was mixed with castor oil over the umbilicus.
4. Internal treatment –  
Powder of roots of *Matulunga* and Liquorice in equal quantities should be given with *Ghrta* to consume.

#### CONCLUSION

The *Ayurveda* approaches act as stimulators, and the local therapy action includes the progress of labour. The review suggests that *Ayurveda* has unique concepts and explanations for managing delayed labour with a scientific approach. The concept of induction of labour in *Ayurveda* is described logically; however, more research should be encouraged to apply it clinically and establish it more scientifically.

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