



## AYURVEDIC TREATMENT PRINCIPLES ON VILAMBITA PRASAVA (PROLONG LABOR)

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### ABSTRACT

Pregnancy and labour are critical phases in a woman's life, with the success of delivery significantly impacting maternal and neonatal health. Ayurvedic texts and modern obstetrics emphasise the importance of factors like Kala Prakarsha and Nadivibandha Mukti in ensuring a timely and effective labour process. Prolonged labour, or Vilambita Prasava, caused by conditions such as cervical dystocia (Yoni Samvarana), obstructed labour (Garbha Sanga), and retention of the placenta (Apara Sanga), can lead to severe complications. Ayurvedic treatments for these conditions include herbal remedies, physical stimuli, and manual techniques, many of which have parallels in modern obstetrics. For instance, the Ferguson reflex and Sampidana of Garbhāsaya are akin to modern methods for stimulating uterine contractions and facilitating placental expulsion. Psychological support through Mantra Cikitsa and Yantras also showcases Ayurveda's holistic approach. Integrating these traditional practices with contemporary medical techniques can enhance labour management, ensuring better outcomes for mothers and newborns. This article highlights the potential benefits of such an integrated approach, demonstrating how time-tested Ayurvedic wisdom can complement modern obstetric advancements to provide comprehensive and effective care during labour.

**Keywords:** *Vilambita prasava* , *Garbha sanga* , *Apara sanga* , *Prolong labor*.

## INTRODUCTION

Pregnancy is a crucial period in a woman's life, and the success of pregnancy largely depends on the standard delivery of the child. Labour (Prasava) is the critical phase of delivery that significantly impacts the successful completion of pregnancy. Prasava or labour pains should occur at the right time and with optimal intensity. Several factors contribute to the onset of labour, including Kalaprakarsha, Nadivibandha Mukti, Svabhava, Garbha Sampurta, and Garbhavasa Vairagya. According to Sushruta, Kala Prakarsha and Nadivibandha Mukti play pivotal roles in ensuring the timely completion of the delivery period. If these factors do not function appropriately, it can lead to abnormal labor, or Prasava Vyapad, which may result in complications for both the mother and the newborn.<sup>1-5</sup>

Bhavaprakasha describes different stages of Prasava i.e, Prasavotsuka, Asanna prasava, and Aparā patana, which are also crucial for standard delivery. Any early or delayed occurrence of these stages may result in abnormal labour or Prasava Vyapad, causing complications during childbirth.

### Vilambita Prasava

When labor extends beyond the arbitrary time limit, it is known as Vilambita Prasava. Although it is not mentioned directly in our śāstras, the conditions that lead to prolonged labour are yoni savasana, garbha Sanga, Aparā sanga.

### Causes of Vilambita Prasava (Prolonged labour)

1st stage: Yoni samvarana (Cervical dystocia)

2nd stage: Garbhasanga (Obstructed labour/FPD)

3rd stage: Aparasanga (Retention of placenta)

#### 1. Yoni samvaraṇa (Cervical dystocia) -

Suśruta and Vāgbhaṭa have used this term in various contexts but have not described this condition.<sup>6,7</sup> The description of this disease is found in Madhukoṣa vyākhyā, Bhāvaprakāśa and Yogaratnākara.

Vātakara āhāra, excessive coitus, waking up at night, and other factors can cause the vitiation of Vayu in a pregnant woman, leading to the constriction of the vaginal introitus. This constriction causes the Vayu to move upward or inward, further constricting the cervix uteri. This condition troubles the intrauterine fe-

tus, obstructing its mouth and respiration, which can lead to intrauterine fetal demise (IUFD). The aggravated Vayu internally causes chest constriction, shallow expiration, and upward movement of the heart of the mother due to abdominal distension with obstruction, potentially resulting in the death of the mother. This fatal disease is called Yoni Samvaraṇa. This condition can be correlated to cervical dystocia and typically warrants a caesarean section due to prolonged labor in the second stage.<sup>8,9</sup> Bhaga saṅkoca (perineal rigidity), explained by Hārīta may also cause delayed labour

#### 2. Garbha sanga (Obstructed labour/FPD) -

Garbhasanga is described as the cessation or delay in labor's progress. According to modern science, it is observed in Prajanayishyaman Awastha, which can be correlated with the second and third stages of labor. Garbhasanga is related to the prolonged second stage of labor, where full dilation of the cervix occurs but inadequate descent of the vertex. Astanga Sangraha describes fetal obstruction as occurring in three forms: head, shoulder, and pelvis (hip).<sup>10</sup> Susruta explains that, by nature, three types of obstruction can occur during labor due to the malposition of the head, shoulder, and hip.<sup>11</sup> Vitiated Vayu can cause premature ejaculation, non-elimination (obstruction), or other abnormalities in Shukra, which can similarly affect Garbha, leading to conditions such as premature labor, delayed labor, or Garbhasanga.<sup>12</sup>

#### 3. Aparāsaṅga (Retention of Placenta) -

Placental expulsion occurs typically in the third stage of labor and involves three phases:

1. Separation
2. Descent
3. Expulsion

When the placenta is not expelled within 30 minutes after the delivery of the baby, the condition is termed as retention of the placenta. Vayu, being the causative factor for any sanga (such as Garbhasanga, Aparāsaṅga, or Mūdhagarbha), should be restored to normalcy, as Vayu is responsible for the expulsion of Śukra, Ārtava, Garbha, and other bodily functions.<sup>13</sup>

### Treatment of Yoni Samvaran -

According to Acharya Charak, where labor pain (āvī) persists without progress, the patient needs to get up, use a pestle to pound grains in a mortar (udukhala), and take breaks to yawn and walk. However, Atreya disagrees with this approach, arguing that exertion or any exercise is contraindicated in pregnant women, especially during labor. This is because the dosa and dhātu are mobile, and such physical exertion in a delicate (sukumarī) woman may aggravate vāyu, potentially leading to fatal complications as vāyu moves into the hollow spaces. Nevertheless, gentle walking and yawning may be beneficial. Additionally, frequent inhalation of powders (curṇa) made from kustha, lāngali, vacā, citraka, ciruvilwa, and cavya is advised. Inhalation of bhūrjapatra or śimśipā resin can also be performed. This should be followed by gentle kneading or massage of the waist, flanks, back, and thighs with lukewarm oil.<sup>14</sup> Ācārya Suśruta advises that if a fetus has moved in the wrong direction, it should be repositioned downwards into the correct direction. If the fetus is already in the correct position, it should be pulled or extracted. Dalhaṇa further clarifies that regardless of the initial position of the fetus, it should first be repositioned correctly and then extracted.<sup>15</sup>

### Treatment of garbha sanga -

According to Susruta and Vaghvata, garbha sanga should be treated by<sup>16,17</sup>

1. Yoni dhūpana -with a slew of a black snake or pindītaka (madana phala).
2. Dharana -Hiranya puspī mūla/sauvarcala/viśalya should be worn on the head and feet.

Bhāvamiśra and Yogaratnākara have not used the term garbha Sanga but mentioned specific management procedures for delayed labour.<sup>18,19</sup>

1. Yoni dhūpana with a slew of a black snake or pinditaka.
2. Dhārana -Langalī mūla/sauvarcala/viśalya should be tied on hasta and pāda.
3. Nābhi lepana- Krsnā, vacā made into fine paste with water mixed with castor oil.

4. Internally(Pana)- Matulunga mūla + madhuka (cūrṇa/kalka) with ghr̥ta if taken delivery is easy and comfortable.
5. Kaṭī dhāraṇa: Iksu or tala grown on the northern side is knotted with a thread (equal to her height) is tied around her waist. The root of pratyak puspa/pāribhadra/kākajaṅgha should be tied around the waist.

Bhāvamiśras has also added the following:<sup>20</sup>

1. The skeleton of a crow's head mounted over the labour ward facilitates straightforward and spontaneous delivery.
  2. Yoni lepana with patokī mūla kalka and tila taila
- Mantra cikitsā** - According to the Astanga Sangraha, water treated with the Cyavana mantra should be administered. The Ubhaya Trimśaka Yantra, used for facilitating easy delivery, can also be used for garbha sanga (obstructed labor). In this practice, five grains of unhusked rice (after being washed) are treated with the appropriate mantra and then strewn or thrown over the patient.<sup>21</sup>

### Treatment of Aparasanga -

According to Astanga Sangraha, when the placenta does not get removed in time, the following measures should be taken-<sup>22</sup>

#### Externally-

- Removal Techniques: If the placenta is not expelled after the birth of the child, a downward jerk from above the umbilicus can be applied by placing the right hand on the abdomen and the left hand on the back.
- Physical Stimuli: Applying a kick on the waist with the heel or squeezing the buttocks hard. Tickling the throat and palate with a finger twined with hair.
- Yoni Dhūpana: Fumigation of the vaginal area with substances such as bhūrjapatra (birch bark), kācamanī (black cumin), snake peel, or a combination of bhūrja (birch) and guggulu (Indian bdellium tree).
- Yoni Lepana: Application of a paste made from ghr̥ta (clarified butter) medicated with śālī mūla, followed by yoni dhūpana using kaṭuka (Picrorhiza kurroa), alābu (bottle gourd), jālinī, nimba

(neem), and snake peel. Yoni lepana with the same drugs mixed with oil processed with katu (pungent), tikṣṇa dravyas (sharp substances), or a paste of guda (jaggery) and nagara (ginger) may also be applied.

- Hasta and Udara Lepana: Application of a paste made from lāngalī kalka on the hands and abdomen.
- Širolepa: Application of a paste made from snuhi payas (latex of Euphorbia neriifolia) on the head.

#### Internally-

##### 1. Herbal Remedies and Preparations:

- Kalka of Kuṣṭha and Tālīsa: Combined with the decoction (kwātha) of bilwa (Aegle marmelos) and balvaja or maireya, āsava, surāmanda or vyosa with amla, tikṣṇa, and uṣṇa drava dravyas.
- Madhuka and Pippalī: Cooked with kulattha kwātha.
- Kalka of Pippalī, Elā, Kola, Bida, Cavya, Citraka, Upakuñcika.
- Donkey/Bull Ear Method: A small piece of the ear of a live donkey or bull is soaked for one muhurta in a decoction of bilwa, kulattha, and balvaja, then removed, and the liquid is given to drink.
- Kalka of Kuṣṭha and Elā: With sura/arka kwātha.
- Alarka with Surā.
- Kalka of Kuṣṭha and Lāngalī Mūla: With madya or cow's urine.
- Vatsakādi Gaṇa Cūrṇa: Mixed with wine.

##### 2. Yoni Picu and Vasti:

- Yoni Picu: Oil processed with śatapušpa, kuṣṭha, madanaphala, hingu, etc. The same oil can be used for anuvāsana vasti.
- Yoni Picu with Kalka of Umā and Śālmalīpicca: Mixed with ghee and the woman is shaken or agitated a little.
- Kaṣāya Vasti: Decoction of bilwa, balvaja, phala, jīmūtaka, ikṣvāku, dhāmārgava, kutaja, arka, kṛtavedana, hastiparnī, abhīru, or suramanda mixed with siddhārthaka, kuṣṭha, lāngalī, snuhī, pañcamūla kwātha, oil, and madanaphala kalka.
- Uttarabasti: Above-mentioned drugs for kaṣāya vasti mixed with kaṭu taila or kalka of śigru, su-

mukha, marica, ajājī, citraka processed with cow's milk and urine with kaṭu taila.

#### **Manual and Physical Methods:<sup>23</sup>**

- Manual Removal: When all the above procedures fail, the placenta is removed manually by a lubricated hand with trimmed nails guided by the umbilical cord upward towards the placenta.
- Physical Manipulation: If the placenta is not expelled and manual removal also fails, the practitioner must compress the flanks or extract it by hand, shake the patient repeatedly, or compress her shoulders. Oil should be applied in the yoni and the placenta extracted.
- Post-Expulsion Care: Once the placenta is expelled, sprinkle lukewarm water and massage with oil, then apply oil in the yoni to soften it and alleviate pain

#### **Relevant notes:**

1. Ferguson Reflex: Mechanical dilation of the cervix through methods such as sweeping, ironing, or introduction of forceps blades stimulates uterine contractions. Traditional practices like picu, fumigation, yoni purana, lepana, and dhāraṇa may work on the same principle.
2. Sampidana of Garbhāśaya: This technique is similar to Crede's method used in modern obstetrics.
3. Manual Removal of Placenta: This procedure is performed exactly as in modern obstetrics.
4. Yawning, Mortar and Pestle: These methods are a bit difficult to explain but likely act as stimulants to secondary powers by increasing intra-abdominal pressure, facilitating expulsion.
5. Mantra Cikitsa and Yantras: These practices probably have psychological effects.

## **DISCUSSION**

Pregnancy and labor are pivotal phases in a woman's life, with normal delivery being crucial for both maternal and neonatal health. The success of labor depends on factors like Kala Prakarsha and Nadivibandha Mukti, as emphasized by Sushruta. Bhavaprakasha's stages of labor (Prasavotsuka, Asanna prasava, Aparā patana) are also critical. Prolonged labor, or Vilambita Prasava, can be caused by

conditions like cervical dystocia (Yoni Samvarana), obstructed labor (Garbha Sanga), and retention of the placenta (Apara Sanga).

**Yoni Samvarana-** Cervical dystocia, described as Yoni Samvarana, is caused by Vayu vitiation leading to cervical constriction. This can result in fetal distress and potentially maternal death. Modern treatment parallels include cesarean sections for similar complications.

**Garbha Sanga-** Obstructed labor (Garbha Sanga) involves delays during labor's second stage, often due to malpositions of the fetus. Ayurvedic treatments include Yoni dhūpana, Dhāraṇa, and Nābhi lepana, highlighting the importance of aligning traditional methods with modern obstetric practices.

**Apara Sanga-** Retention of the placenta, termed Apara Sanga, necessitates timely intervention to prevent severe complications. Traditional and modern techniques both emphasize manual removal and physical stimuli to facilitate expulsion.

**Ayurvedic and Modern treatment-** Traditional methods like Ferguson reflex stimulation, Sampidana of Garbhāśaya, and manual removal mirror modern obstetric practices. Techniques like yawning and using a mortar and pestle likely enhance intra-abdominal pressure, aiding labor. Mantra Cikitsa and Yantras provide psychological support, showcasing the holistic approach of Ayurveda.

Overall, integrating traditional Ayurvedic practices with modern obstetric techniques can enhance maternal and fetal outcomes, ensuring a safe and effective labor process.

## CONCLUSION

The successful completion of pregnancy largely hinges on the timely and effective management of labor, as outlined in both traditional Ayurvedic and modern obstetric practices. The factors contributing to the onset of labor, such as Kala Prakarsha and Nadivibandha Mukti, are pivotal in ensuring a smooth delivery. Prolonged labor, or Vilambita Prasava, caused by conditions like cervical dystocia (Yoni Samvarana), obstructed labor (Garbha Sanga),

and retention of the placenta (Apara Sanga), can lead to severe complications for both mother and child.

Ayurvedic texts offer a variety of treatments for these conditions, including herbal remedies, physical stimuli, and manual methods. These traditional approaches often align with modern practices, such as the Ferguson reflex for stimulating uterine contractions, the Crede's method for placental expulsion, and manual removal techniques. Additionally, psychological support through Mantra Cikitsa and Yantras highlights the holistic nature of Ayurveda.

By integrating traditional Ayurvedic methods with contemporary obstetric techniques, healthcare providers can enhance the effectiveness of labor management. This integrated approach not only respects the time-tested wisdom of Ayurveda but also leverages modern medical advancements, ensuring better health outcomes for mothers and their newborns. This synergy offers a comprehensive framework for managing labor, emphasizing the importance of timely and appropriate interventions to prevent complications.

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