

## EFFECT OF *TANGASREEGHRITHAYONI PICHU* AND *MATRABASTI* ON *PRASAVA*: A CASE REPORT

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Published online: September, 2017

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### ABSTRACT

In this modern era, every women desires natural and safe pregnancy free from complications. For safe labour, normal functioning of *vata* is essential i.e. *vata anulomana* and *Basti* is the prime treatment for *vata dosh*. *Matrabasti* and *yoni pichu* has the properties of *vata anulomana*, *vata shamana*, *garbhashayamargasnehana* helps in reducing the physiological discomforts of ninth month and helps in *prasava*. A case report of a 28 year multigravidae (G<sub>2</sub>P<sub>1</sub>L<sub>1</sub>) case presented with history of 41 weeks of pregnancy having complaints of low back ache and slight pedal edema. Patient was treated with *Tangshreeghrithayonipichu* and *matrabasti* and patient delivered normally without any surgical intervention has been presented here.

**Keywords:** Post Maturity, *Kalateetagarbha*, *Tangashreeghritha*, *Matrabasti* and *Yoni Pichu*

### INTRODUCTION

Post term pregnancy is pregnancy continued beyond two weeks of expected date of delivery i.e. more than 294 days. The incidence of post pregnancy ranges between 4 and 14%. Average is 10%. Post maturity is due to wrong dates, biologic variability (hereditary), maternal factors like sedentary habit, primiparity and elderly multipara,

foetal factors like congenital anomaly and placental factors.

Perinatal morbidity and mortality of fetus is increased by eight fold from 37 – 43 weeks. Whereas in maternal there is increased morbidity, incidental to hazards of induction, instrumental and operative delivery and does not put mother at risk..

According to Ayurveda *apanavaat* is important for *kalaprasava*<sup>1</sup>. One of the functions of *apanavayu* is *garbanishkramana*<sup>2</sup>. Any *vaigunya* of *apanavata* in this period may lead to complications related to delivery. *Matrabasti & yoni picchu*<sup>3</sup>, which has the property of *vatashamana*, *anulomana* & *garbamargasnehana*<sup>4</sup>, is being tried to see its role on *prasava*.

*Tangashreegritha*<sup>5</sup> with ingredients, *trapusha*, *upodika*, *bhadrika* & *yastimadhu* is mentioned in *chikistamanjari*. It is explained in context of *sukhaprasava*, thus an attempt has been made to normalize the functioning of *apanavata* to ensure *sukhaprasava*.

### CASE REPORT

A 28 year multigravidae (G<sub>2</sub>P<sub>1</sub>L<sub>1</sub>) case came with a complaint of post dated (41 weeks) pregnancy and associated symptoms of light pedal edema.

### EXAMINATION<sup>6</sup>

On examination it was elicited that pedal edema of right leg other than this no any abnormalities were seen. Routine blood investigations including

USG were done and all investigations were found within normal range.

### LABOUR ASSESSEMENT

#### Abdominal Examination:

On palpation Uterus full term, Relaxed with Cephalic presentation, head fixed and spine is on right side, on auscultation FHS – Regular and 138/min

#### P/V Examination:

Os –Mutiparous Os, Cx – soft, Membranes – Intact, Station – -2 stations, Pelvis – Adequate

### PROCEDURES ADMINISTERED TO THE PATIENT

Planned for induction of labour, patient was admitted on 18/4/2012 at 5pm. *Matrabasti* was administered with *TangashreeGhritha* at 6pm followed by *yonipicchu* with same *Ghritha* and it was kept for 4hrs and was removed at 10pm. At 10 pm reassessed the findings, mild irritability was seen but no changes observed on P/V examination. After 10 pm pt was assessed every second hourly and findings were noted (Table.1)

**Table 1: BISHOP'S SCORE<sup>7,8</sup>**

DATE & TIME	CX DILATION	EFECEMENT	CONSISTANCY	POSITION	STATION	SCORE
18/4/12 10pm	1 cm	40%	soft	Middle	-2	5
18/4/12 12pm	1cm	50%	Soft	Middle	-2	5
19/4/12 2am	2cm	50%	Soft	Middle	-2	6
19/4/12 4am	4cm	70%	Soft	Anterior	-1	10
19/4/12 6am	6cm	80%	Soft	Anterior	0	12
19/4/12 8am	10cm	100%	soft	Anterior	+1	13

### DETAILS OF PRASAVA:

Patient delivered a live healthy male baby at 8.45am on 19/4/12 without episiotomy. Baby cried immediately after birth. Placenta expelled spontaneously with complete membranes at 8.52am. There was no cervical tear or PPH observed, patient was stable throughout the procedure.

The whole labour procedure completed in 8hrs 52 min i.e **1st stage** – 8 hrs, **2nd stage** – 45 min, **3r stage** – 7 min

### DISCUSSION

This case of post dated pregnancy, According to Ayurveda *apanavaata* is important for *kalaprasava*. One of the functions of *apanavayu* is *garbanishkramana*. Any *vaigunya* of *apanavata* in this period may lead to complications related to delivery. Thus an attempt has been made to normalize the functioning of *apanavata* to ensure *sukhaprasava*. *Matrabasti & yoni picchu*, which has the property of *vatashamana*, *anulomana* & *garbamargasnehana*, is being tried to see its role on *prasava*. *Basti* in general regulates the nervous

system thereby it controls uterine contractions. *Matrabasti* also minimize pain intensity to the patient. *Pichu* helps the medicine to remain at the site for a longer period for better action. It softens the vaginal canal & cervix and helps smooth dilatation with minimal pain. *Tangashreeghrutha* with ingredients of *trapusha*, *upodika*, *bhadrika* & *yastimadhu* is mentioned in *chikistamanjari*. It is explained in context of *sukhaprasava* in *garbhiniparichraya*.

## CONCLUSION

*Matrabati* & *yonipicchu* help in induction of labour. The tone and amplitude of the contractions can be recorded with the aid of cardiotocography

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**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Asha F Hosur et al: Case Report: Effect Of Tankasreeghrutha Yoni Pichu And Matrabasti. International Ayurvedic Medical Journal {online} 2017 {cited September, 2017} Available from: [http://www.iamj.in/posts/images/upload/0764\\_0766.pdf](http://www.iamj.in/posts/images/upload/0764_0766.pdf)