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A SURVEY ON EXTERNAL THERAPIES AND *PANCHA KARMA* PROCEDURES USED IN ROUTINE ANTENATAL CARE BY AYURVEDA DOCTORS IN SOUTH KERALA

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ABSTRACT

The pregnancy period is a very important phase in the life of a woman. It is every woman's right to pass through a healthy pregnancy and safe childbirth. Ayurveda has a comprehensive *Garbhini Paricharya* -- Antenatal care regime which comprises preventive and curative health care measures right from conception till delivery. The geographical specialty of Kerala has paved way for the evolution of unique treatment modalities based on ayurvedic principles. Hence there exist variations in the practise of this. The present study was a cross-sectional survey study done among 75 Ayurveda doctors in South Kerala who provide antenatal care with an aim to assess the variations in the adoption of panchakarma procedures and external therapies in a pregnant woman as a part of routine antenatal care. It is observed that 100% of the respondents opted *for Abhyanga*, 61.3% of the respondents used to do *Anuvasana*, 56% *Yonipichu*, 34.7% *Virechana* and 5.3% *Niruha vasthi* as a part of routine antenatal care.

Key words: antenatal care, garbhini paricharya, Panchakarma

INTRODUCTION

Systematic supervision of a woman during pregnancy is called antenatal/prenatal care. The supervision should be regular and periodic in

nature according to the need of the individual. Actually, prenatal care is in a continuum that starts before pregnancy and ends at delivery and

the postpartum period.1 Ayurveda has its own comprehensive antenatal care viz Paricharya According to Indu tika of Ashtanga Sangraha, Garbhini Paricharya is advised mainly for three purposes;1. Prevent upaghata to garbha(complications to pregnancy), 2. For poornatha(for wholesomeness),3. sughaprasava² (Normal delivery). This covers preventive measures for the pregnant mother as well as the baby in utero. Due to the geographical specialty and increased usage of Ayurvedic health care measures, it has its own regional health care practises which remain undocumented till date. Though there was a decline in Ayurvedic antenatal care practices in the last few decades, the scenario is changing now. The marked increase in behavioural disorders among children and the recent research findings that strongly depict the association between prenatal care of the mother in the health and behaviour of the baby has made people, more aware of the importance of prenatal care. Hence a large number of couples are demanding Ayurvedic antenatal care along with conventional management. Hence it is high time that effective, existing practices among doctors are to be collected and analysed. Recording and analyzing various methods of practice and medicines in antenatal care among the eminent doctors in South Kerala will be of great help to

choose the most effective strategies and medicines which provide a healthy gestational period, uneventful labour, and a good progeny.

MATERIALS AND METHODS

The present study was a cross-sectional survey study done among Ayurveda doctors in South Kerala, who provides ante natal care for patients who satisfy the inclusion and exclusion criteria.

Inclusion criteria:

- 1. Ayurveda doctors with A class registration, with a minimum of 10 years of practice in the field after graduation.
- 2. Ayurveda doctors with A class registration, with a minimum of 5 years of practice after post-graduation in Prasutitantra and stree roga.

Exclusion criteria: Ayurveda doctors who were not willing to take part in the survey.

Sample size: The sample size was 75 **Sampling technique**: Purposive sampling

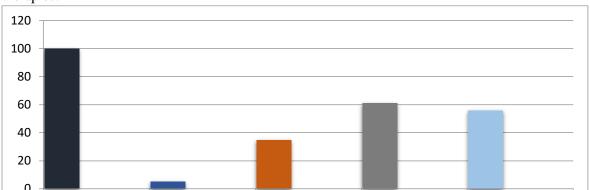
Data was collected through Direct face-to-face interviews conducted after explaining the module using a specially designed questionnaire after obtaining written consent from the participants. Data was collected in writing and the interview was recorded using a voice recorder. The collected data was analysed, and the interpretation of data was done statistically by proportions.

RESULTS

Table 1: Frequency and Percentage distribution of practitioners based on the type of panchakarma and external therapies

Type of <i>panchakarma</i> and external therapies opted	N	%
Abhyanga	75 out of 75	100
Niruha vasti	4 out of 75	5.3
Virechana	26 out of 75	34.7
Anuvasana	46 out of 75	61.3
Yoni pichu	42 out of 75	56

From the table, 100% of the respondents opt *Abhyanga*, 61.3% of the respondents used to do *Anuvasana*, 56% *for Yonipichu*, and 34.7% for *Virechana*. Only 5.3% were doing *Niruha vasthi* in antenatal care.



Virechana

Anuvasana

Figure 1: Frequency and Percentage distribution of practitioners based on the type of *panchakarma* and external therapies.

DISCUSSION

Abhyanga

a) Abhyanga: Among the external therapies and panchakarma procedures Abhyanga is the most used one during the antenatal period. Abhyanga helps to reduce exertion and prevents aggravation of Vata.³ Preventing Vatakopa is of prime importance since delivery is the Karma of Akupitha Vatadosha. Apana vayu is actively involved in delivering a fetus termed as *Prasuti Marutha* owing to its function during labor⁴. Adoption of Abhyanga as a part of antenatal care will prevent aggravation of Vata there by easing the delivery and helps to prevent associated complications. In addition, the easiness of adoption of abhyanga would have also contributed to its wider acceptance in practice.

Niruha vasti

- b) Virechana: the majority of practitioners don't resort to Virechana in their routine antenatal care. A group of practitioners considers Virechana as a treatment option for constipation. Only a minority consider it a routine ANC procedure. Samyagyoga of Virechana karma enumerates Vatanulomana as well as proper expulsion of malas ⁵. Virechana is adopted to achieve both these effects. Since it is a Shodhana karma, it is not widely used as Garbhavastha is generally a contraindication to sodhanakriyas.
- c) Kashaya vasthi: It is the least opted indicated procedure in antenatal care practices. Only 5.3 % of practitioners adopt kashaya vasthi in antenatal practices and that is too rarely. It is indicated in the 8th month of pregnancy⁶. Though it is indicated it is rarely

practised. The fear of both the doctors and patients towards administering *Kashayavasthi* might have led to its decline in practice. In addition, the benefits of doing it are unexplored which would have also contributed to that.

Yoni pichu

- d) Anuvasana: majority used Anuvasana as a part of antenatal care. Indicated in 8th 7and 9th month8. In Garbhini, Anuvasana is used for preventing Vata vaigunya, thereby helping easy delivery. Most women experience constipation in late pregnancy due to the pressure of the gravid uterus and also by the progesterone effect.9 Anuvasana there by helps in curing one of the major occurring minor ailments in pregnancy by easing the faecal expulsion as well. There are also studies, which prove the effect of Anuvasana. Bala sidha taila being Guru, Snigdha, Balya, and Brimhana in properties, it helps in increasing tone and contractility of uterine muscle when applied through the vaginal and anal route 10. This will in turn help in preventing complications during delivery.
- *e) Yonipichu:* The majority used *Yonipichu* as a part of antenatal care but not as routine. It is indicated in the 9th month of pregnancy¹¹. A Tampon of oil may destroy pathogenic bacteria in the vaginal canal and prevent puerperal sepsis. Along with this tampons may also soften vaginal passage, thus helping in normal labour. It is just possible that the regular use of tampons might influence the autonomic fibres

governing myometrium and help in its relaxation during labour¹².

CONCLUSION

Abhyanga (100%) is the most and Kashaya vasthi(5.3%) is the least practised among the external therapies and panchakarma procedures as a part of routine antenatal care. Abhyanga, Yoni pichu, aAnuvasana, Virechana and Kashayavasthi are the most used among the external and panchakarma therapies in that order as a part of routine antenatal care by Ayurveda doctors in South Kerala.

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